

THE MEDICAL BULLETIN:

A MONTHLY JOURNAL OF
MEDICINE AND SURGERY.

VOL. VIII.

PHILADELPHIA, MARCH, 1886.

No. 3.

CLINICAL LECTURES.

GALLOPING CONSUMPTION; GANGRENE IN DIABETES; NEURALGIA.

BY ROBERTS BARTHOLOW, M.D., LL.D.,
Professor of Materia Medica and Therapeutics in the Jefferson
Medical College.

DELIVERED AT THE JEFFERSON MEDICAL
COLLEGE HOSPITAL.

THE first case that I have to present to you to-day, gentlemen, is a case of acute phthisis, commonly known as "galloping consumption," a very expressive phrase, for the disease neither walks nor trots, but, in truth, it really gallops. This case will illustrate the terrific rapidity with which this terrible disease sometimes advances, for this young man was able to be at his work until December last, when, for the first time, he noted symptoms of ill-health, and his decline to the condition in which you now see him has been wonderfully and wofully rapid. His face presents the peculiar characteristics so often observed in acute phthisis; there is, as you see, great pallor, and at the same time he is very sallow, such as we see in broncho-pneumonia, with consolidation and resulting phthisis that is inflammatory in character.

Let me explain to you that we have three distinct types of consumption. First, pure tuberculosis; second, catarrhal pneumonia, resulting in a breaking down of the pulmonary tissue; and third, the fibroid lung, which begins usually as a bronchitis, or very often as a pleuritis and finally invades the pulmonary tissue proper by extension by contiguity of

tissue. These three distinct types we are amply able to recognize clinically. The phthisis from broncho-pneumonia is usually sudden in its onset; there is fever and sometimes an extreme range of temperature. There is pallor and great difficulty of breathing, owing to the fact that so much of the lung is implicated. The patients will become easily chilled, in fact they will often have severe rigors, followed by very high temperature. In fact a variation from below normal to four or five degrees above is very characteristic of this form of the disease.

I wish more particularly to speak to you about the management of the disease, for, after all, this is the important point; the diagnosis will usually be easily made, for the disease will be only too evident. Notwithstanding the severity of this form of consumption, the prospects for recovery are often very fair. It is in this form that treatment may be expected to do good. The disease is inflammatory in type, there are extensive catarrhal deposits that undergo caseation, the fever is truly septic, there is really a septicæmia, and the expression "hectic," which you so commonly hear, I consider to be a misnomer, for, as I say, it is really septic and should be so called. I have in such cases often seen very good results from the use of carbonate of ammonium given persistently in a solution of acetate of ammonium. This seems to produce dissolution and absorption of the exudate. If caseation has progressed far then the bacilli are formed, and we cannot then hope to do much, but in the inflammatory stage, before caseation has far advanced, we can do a great deal with these remedies, with which we may

also combine the iodide of potassium, which possesses absorptive power. In using these remedies we must be careful not to upset the stomach, and I therefore give them, in moderate doses, not more than three grains of the carbonate and five grains of the iodide at a dose. During the whole course of the treatment, unless some circumstances exist that absolutely prevent it, we should resort to inhalations of ethyl iodide or creasote and iodine or tincture of iodine and carbolic acid. I very decidedly prefer the former of these drugs, which will exert a very great influence in moderating the cough and relieving the oppression of breathing. It is also of great value, because by its use we can introduce iodine into the system with less derangement to the system than in any other way, and iodine is a valuable drug in this affection. It possesses a great advantage over all other ethers in that it has no tendency to derange the brain, as all the others do. It is not used so much for the ether that it contains as for the iodine, and this it introduces in a most satisfactory way, for it passes with the air into the most minute and distinct portions of the lungs and there exerts its good influence. I order it to be inhaled directly from the bottle, the heat of the hand suffices to vaporize it, and no elaborate apparatus is necessary. I always instruct the patients when using it to breathe deeply and slowly, thus they best suck it well into the lungs. As this disease is due to deposits, we must endeavor to act directly on them, and this we can best do in the way I have indicated, with ethyl iodide. One drawback to its use is that it is quite expensive, which puts it beyond the reach of the poor. When for this reason it cannot be used I am in the habit of substituting for it equal parts of carbolic acid and tincture of iodine or of creasote and tincture of iodine. Creasote exerts remarkably good effects in these cases. It may be because it is an antiseptic or it may be for some other reason, but whatever be the cause, it is a well-observed clinical fact that it does do good. These drugs are to be inhaled in the same way as the ethyl iodide. A few drops are placed on a sponge, this is put in a small bottle, which is placed in hot water, and as the vapor arises it is inhaled.

Let me here warn you against the use of atomizers, they are absolutely worthless and no good at all. It is a fallacious notion that

medicines should be given in this way, the greater portion of the drug will condense on the tubes and on the pharynx, very little will get as far even as the larynx, and it has required a very delicate chemical test to find any at all in the lungs. If then so little gets past the chink of the glottis as to require a delicate chemical test to determine its presence, I cannot see how such an infinitesimal amount can exert any influence worth speaking about on the disease, so then do not waste your time and trifle with your patients' health by using atomizers. These remedies that I have recommended are not irritating to the chink of the glottis, hence they are allowed freely to pass, but any remedies that are irritating cause spasm, closure, are unable to pass through, and are utterly useless.

Now then the question arises as to whether we should act on the high temperature or not. Quinine and antipyrine may do some good when the temperature is very high, but since this hyperpyrexia is in reality septic in its nature we cannot expect very much benefit from such drugs. Therefore I do not lay very much stress on their use. Now there is one drug in which I place great reliance, and that is aconite, the good it does is conspicuous, it not only checks waste by checking perspiration but it seems to exert an influence on the nerves of the lungs. It is of no use in tubercular or fibrous phthisis, save in so far as it serves to check perspiration and thus to prevent exhaustion consequent upon it, but in the variety under consideration, where there is caseous degeneration, it softens and promotes extension of the exudate and really seems to have some specific action on this form of phthisis. Some years ago I first made this recommendation, and it was taken up and favorably written upon by Dr. Fothergill, of London. Those who have unfavorably criticized its use, and this has been done by several, have done so under a misapprehension of my recommendation. They made a mistake in supposing that I had recommended it generally in all forms of phthisis, and being disappointed in its use in the tubercular and fibroid varieties, they condemned it. But I say distinctly that it is of no earthly use in those varieties, being only serviceable in the catarrhal variety now under consideration. So also I wish to impress upon you that it is only useful, even in this variety, at one period, that is comparatively early in

the disease, before much caseation has taken place and before the bacilli are deposited. It should be given morning and evening, and its use persisted in for a long time.

A very important element in treatment is to maintain the nutrition, for which purpose we will order this patient small doses of cod-liver oil and put him on a diet that he can well assimilate; no matter what kind of food he takes, that is to say, that his diet need not be restricted, but whatever he can well assimilate, whatever is found to make flesh and strength may be allowed. However, this statement must be somewhat qualified, for while his diet need not be restricted, it will be of great importance to get him to consume as much animal food as possible. In this great consumption of animal food is to be found the method pursued by Debove in the treatment of phthisis, a method which is now attracting great attention in France. He passes dry and pulverized animal food through a tube into the stomach. A notorious New York quack has grasped this idea of treatment and is making a fortune out of it. Debove dries his meat, finely pulverizes it, and mixes it with condiments, as salt or pepper, and introducing a tube into the stomach, passes the pulverized meat through it. In this way two or three pounds of meat may be given at a time, and, what perhaps you are not prepared for, the stomach is able to take care of all that it receives. It digests it all and makes flesh and strength out of it. There is a popular notion that the stomach will only digest a certain amount, but this is an erroneous idea, for in truth it will take care of all that is given to it.

In these cases we will often derive remarkably satisfactory results from the use of the mineral acids, notably from nitric acid. I know a physician who has resorted to this method of treatment and he has had certainly very good results. It may be used in full doses and pushed as long and as far as the patient will bear it.

Now we come to the question of exercise, and this is a very important point in the therapeutics of this disease. The principle that I would formulate for your guidance in this direction is that when the temperature is above 102° F. the patient should avoid all exercise. He should be daily (when the inclemency of the weather does not forbid it) exposed to the air and sunshine, but active exercise will increase

tissue waste, and will thus have a tendency to elevate the temperature and to more rapidly consume the vital flame.

Gangrene in Diabetes.—This woman presents an interesting point for our observation. You see that she has gangrene of the little finger, and I tell you that she has a history of diabetes. It is a peculiar fact that sometimes the first feature that will attract attention in a case of diabetes will be the occurrence of boils or superficial ulcers on various parts of the body. When you will meet, as you frequently will, a person about middle life, who commences suddenly to grow fat, who is seemingly in the best of health, and in whom a succession of boils occur, it will be well for you always to examine the urine for sugar, for in many such cases you will find it. Now this woman's trouble began six years ago. She is thirty-seven years old, and when I inquire into her history, I find that she has lost one sister, but that the rest of her family are alive and well. This sister, she tells us, commenced suddenly to grow fat in early middle life, when she was seized with an acute attack of pneumonia and died therefrom. Now this is a very significant history, for I think it very likely that this sister had also diabetes, though it was not suspected, and we have therefore no history of it. But it is not at all uncommon for these victims of unsuspected diabetes to be suddenly carried off by pneumonia. We may draw a conclusion as to the result of treatment in diabetes from the condition of nutrition of the body. If the patient is of a full habit and the nutritive phenomena are going on fairly well such a person may live for years if they will carefully avoid that aliment that goes to make sugar. Those who offer to us a strumous or phthisical history and those who are thin, worn, and nervous have very poor chances, and such cases will give us a great deal of trouble. But, as I said before, in the former class of cases we can promise many years of life if our instructions are carried out.

This woman passes about four quarts of urine daily, and it has the great specific gravity of 1050. By quantitative analysis we find that it contains twelve grains of sugar to the ounce. In all doubtful cases it will be well to compare the specific gravity with the amount of urine passed. When the quantity passed is persistently very great and the specific gravity very high, we have good reason to suspect the

presence of sugar. It is not, of course, necessary that we should know the amount of sugar present, it is enough for clinical purposes that we know the fact of its existence.

In some diabetic patients we will have a peculiar form of cataract, known as diabetic cataract; I do not note any such condition here. Acute phthisis not infrequently occurs in the course of diabetes, and in this way many cases find their termination; there is the so-called "diabetic consumption."

Now, as in the first case, what I more particularly desire is to call your attention to the treatment, for the diagnosis is usually very easily made. The first and greatest point in the treatment is to exclude from the dietary all articles that go to make sugar, all starchy and saccharine articles, gums, and all other articles capable of this conversion. Such vegetables as raw cabbage, celery, spinach, and tomatoes may be used, while pure glycerine will make an excellent substitute for sugar in coffee and other places where sugar is generally used. Cranberries may be eaten, the glycerine being used to remove their acrid taste. The diet, as a rule, should be as near an animal diet as possible. A celebrated London physician has derived much of his reputation from confining his patients to an animal diet. The skim-milk cure has been highly lauded of late, but I am not very enthusiastic over it, as it does not contain the elements to maintain flesh and strength for a long-continued time. There are, however, some persons who will thrive very well on skim milk, and in such persons, when suffering from diabetes, very good results will be achieved by its use. You might suppose that the sugar of milk was an objection to its use, but it has been demonstrated that milk-sugar is not convertible into dextrine or grape-sugar, so that in suitable cases the skim-milk treatment can be satisfactorily used. All fruits containing sugar must be avoided.

Now as to drugs, there are certain mineral waters that are extremely good, for example, the alkaline mineral waters of Wisconsin. In France and Germany the Vichy water has a great reputation, and every year at the Vichy springs are to be seen many diabetics. The Carlsbad cure is greatly in vogue in Germany. Now, in this country, we have some springs that are very similar to it, only that they are not quite so rich. The Bethesda water of Wisconsin and the alkaline springs of Michi-

gan are very useful, they are weak, so weak that it is necessary to drink very large quantities of them. I have seen very great good result from the use of Bethesda water. The Vichy water of Saratoga is very like the French Vichy, not quite identical, yet very useful in this disease; so that we have just as good springs in this country as they have in Europe, and we need not send our patients on long and expensive journeys for that which they can procure at home. Therefore, in addition to diet, we should advise our patients to drink freely of alkaline mineral waters.

Of drugs, proper, very many have been recommended. I have seen what was apparently a cure result from the persistent use of carbonate of ammonium, which, however, is only indicated in fat, obese patients, being seemingly useless in thin, nervous persons; for the latter, the alkaline treatment even seems too depressing, it depraves the blood too quickly. In cases of hepatic origin I have seen very good results from the use of phosphate of sodium, more indeed than from any other drug; I say it is especially useful where there is hepatic complication, and I will add, that there are very few cases of diabetes without such complications. I have also found good results from the use of chloride of gold and sodium, which, when persistently used, I have seen work apparent cures. I can now recall several such cases. In these cases I also gave the phosphate of sodium, alternating from one drug to the other. But I also believe that the former alone will do good, and I give it a very high place in the therapeutics of the disease. In a case like this, where the gangrene evidences the run-down condition of nutrition, remedies must be directed to the disturbed nutrition, and when the patient is thin and anæmic, we should give cod-liver oil, which is important both as a drug and as an aliment.

Neuralgia.—Here is a case of neuralgia of the face and head, extending around to the spine, in a young lady who is decidedly anæmic, and has disorders of digestion. Such a complexus of symptoms is very common; you will meet such cases every day. This woman leads a sedentary life, working indoors with her needle. She has a poor appetite, and lives chiefly on bread and butter and tea, and starchy food. As a result of the confinement, improper food, poor digestion, and faulty assimilation, her nervous system becomes anæ-

mic, and she suffers from neuralgia; she has what we have spoken of, "neurasthenia." The pain here is mostly located in the fifth nerve and its branches. Now, how can we benefit such a case? The most important indication is to procure a change of occupation, to substitute an active, out-door life, for this sedentary, in-door existence. Then we must exclude the starchy and saccharine articles from her diet, and forbid the use of tea and coffee. She must have nitrogenized food, such as milk, eggs, and meat. I do assure you, that the hygienic management of such a case is of prime importance. For drugs we will use iron, quinine, or the triple phosphates of iron, quinine and strychnia, or cod-liver oil. But the chief reliance must be placed upon the regulation of the diet.

OXYGEN IN THERAPEUTICS.

BY C. C. VANDERBECK, M.D., PH.D.,

Lecturer on Hygiene, Medico-Chirurgical College, Philadelphia.

GENTLEMEN: You ask me what relation does hygiene bear to clinical medicine? Are they in conflict? Is a sanitarian outside the pale of the regular profession? Can he with conscience use drug treatment? There is no conflict between the two great departments of practical medicine. The one is an aid to the other. A true physician will not abjure the one and cling to the other; he gathers from all sources, from the earth, below the earth, above the earth, from all philosophies and pathies; he uses all that is proven of value to suffering humanity; he is not restricted to a narrow basis of action, claiming no peculiar appellation; he is simply, grandly an M.D.—a *doctorem in arte medendi*.

It must be admitted the profession has looked with a jealous and suspicious eye on the advances of sanitary science. Hygiene has been a favorite cloak for many a rampant empiric, and numerous one-sided medical systems, but, by the rapid advances of the true science, with a goodly number of brilliant victories, under world-wide known leadership, it is coming about that each year it is better recognized and more warmly welcomed to the fellowship of the regular schools and systems.

At my graduation, March, 1872, there was not one State Board of Health in the United States; there was no American Public Health Association; there were but few professorships or lectureships of hygiene. How rapidly State

Boards are forming, how college authorities are adding hygiene to the curriculum, how the popular wave is at last in matters of prevention, you all are conversant. Surely this grand determination to fight disease, meeting it more than half way, is the glory of the nineteenth century.

Do not imagine, gentlemen, that hygiene is alone for the well man. It is also the sick-room science.

It may be making a departure from the usual orthodoxy, when I now call your attention to a hygienic therapeutic agent much neglected. My mind is convinced of the great truth embodied in Dr. Wallian's generalization: "From the same agencies and elements which nourish, encompass, and sustain us in health, must we at last seek remedies through which to recover lost physical status."

Is it not true that every vital process, construction, maintenance, repair, disintegration is accomplished directly or indirectly through the vital agency of oxygen? Is it not, as Wallian says, the rush to Europe, the numerous watering-places, and the mountains, essentially an unconscious hunt for this oxygen? When in my lectures we studied the many sources of contamination of our air, the evil influence of many occupations, of cramped positions of confining business, was it not all a variation on the theme oxygen? When physiology teaches us that "we must inspire this gas with every breath, drink it with every draught, move in it at every step, and live immersed in it as a perpetual bath, or perish, do we wonder that preventive medicine deals so largely with ventilation and air contamination? When the same science tells us that 12,500 gallons of air is required to supply the lungs of an average adult for twenty-four hours, that 2500 gallons of this is oxygen; therefore, about 100 gallons of pure oxygen is required each hour to supply the requirements of a healthy adult organism, is it any wonder that the pathologist and etiologist claim that vitiated atmospheres are among the most potent and widespread of all the predisposing causes of disease, though the effects may not be sudden, causing no pain or discomfort for a time, but slowly and imperceptibly cumulative and tending ever downward in stamina, and toward disease and premature death?

The studies in the newer fields of germ diseases seem to confirm our previous opinion,

that bad air is the culture-fluid of all zymotic and germ-engendering disease the world over. And this has led naturally to the conclusion that the original and only unobjectionable and universally efficient antiseptic is pure oxygen.

Are we not, gentlemen, robbed of a due proportion of this wonderful gas all along the devious path from the cradle to the grave? While being firmly convinced of the great need of purer air for all men, women, and children in all their duties of life, by day and by night, let us pass to the consideration of using oxygen as a method of treatment, or, at least, as a useful adjuvant to our therapeutics.

History of Oxygen in Therapeutics.—I do not propose to give an exhaustive *résumé*. My object is attained when you see that this subject is not strictly new, and that a considerable amount of clinical facts by prime observers are on record.

History of its Therapeutic use.—"As early as 1772, Marching Poullé, of Montpellier, and in 1774, Girtanner and Stoll, of Germany, attempted the use of oxygen gas in the treatment of diseases, with what results does not appear. The first reported case, of which any definite record remains, in which this agent was used, was treated by Caillens, in 1783. In the following year, Jurine, of Geneva, published a short essay on the subject, and reported a case of phthisis in a young lady very much benefited by oxygen.

"The next record is by Chaptal, of Montpellier, who, in 1789, reported two cases of phthisis treated by the same agent, in one of which marked relief was obtained, while in the other the results were negative.

"To Beddoes, more than to any other, belongs the credit of having called the attention of the profession in England to the medical use of the gas. His experiments were conducted on an extensive scale, and with a perseverance and enthusiasm worthy of a more practical success and a better recognition than he secured.

"Other names occurring in connection with early experiments with the gas as a remedy, are those of Priestley, its co-discoverer, Lavoisier, Barthollet, Spallanzani, Thornton, Hill, Cavallo, Erichsen, Demarquay, and others. Sir Humphry Davy also materially assisted Beddoes in his chemical manipulations. The latter was a practitioner of note, and also Professor of Chemistry at Oxford.

"Considering the extremely crude state of

chemical knowledge prevailing at the time, it is fairly remarkable that any encouraging results were attained. To illustrate, Beddoes and his confrères procured their gas from an oxide of mercury, through what would now be deemed a crude and bungling process. The purification of the gas was so imperfectly accomplished that in some instances pytalism ensued, and the treatment had to be suspended to prevent mercurial poisoning.

"The methods of exhibiting the remedy were also very imperfect, the patients being caused to remain for some time in closed rooms, the atmosphere of which had been previously impregnated with the desired gas. Thus the sufferer was caused to sit in and inhale an atmosphere, which, already tainted by an impure gas, was being constantly further contaminated by his own, perhaps fetid, exhalations, and having no way by which it could be definitely regulated or renewed."—WALLIAN.

Dr. Busch, writing in 1857, says he has employed oxygen gas in his practice for some time and with most encouraging results. In the *Lancet*, 1858, Dr. C. R. Francis writes in laudatory terms of the use of oxygen inhalations in a case of scarlatina with putrid sore throat. His case presented livid countenance, coma, and almost imperceptible wrist-pulse. Oxygen was given six times in the space of two days, keeping the patient alive, giving an opportunity for other medicine to act, and with a final cure. He remarks, in this case there was simply a tendency to extinction of life from the noxious poison, and in just such cases great benefit may be expected from the use of this gas. In 1866, the *American Medical Times* reports a case of dyspnoea from cardiac disease, at the New York Hospital, greatly relieved by oxygen inhalation.

Perhaps the best plan to further study this subject, is to group under certain diseases what I have been able to find concerning their treatment by inhalation of this gas.

Anæmia.—"Everybody knows how difficult it is sometimes to get some much enfeebled chlorotic patients to take reparatory aliment, so great is their disgust for all azotized aliment, vomiting often ensuing when they attempt to eat meat. Some women live upon a little bread and salad, and the quantity of urea they eliminate is then very small, sometimes as little as from four to six grammes in twenty-four hours. In such women treatment becomes

very difficult, it being nearly impossible to reproduce appetite in them. In these cases, Dr. Hayem, of the St. Antoine Hospital, Paris, employs a means which has furnished the most excellent results, and which consists in the daily inhalation of oxygen. The appetite soon returns, the vomiting disappearing at the same time; and so well do the patients then support azotized aliments, that the four regular 'portions' of the hospital diet scale become insufficient."—*Med. and Surg. Reporter*.

Ringer sanctions the use of oxygen in anæmia.

Dr. Butts, of New York, reports in the New York Medical Journal three cases of anæmia successfully, and in one case brilliantly treated by this means.

Oxygen inhalations have also been found serviceable in relieving and curing or assisting in curing anæmia, as well as dyspnoea, diphtheria, asthma, and croup. Beddoes says in essential anæmia, chlorosis, anæmia of convalescents, of newly-delivered females, or from hemorrhage, fatigue, and prolonged suppuration, oxygen gives most grateful results. In obstinate anorexia, it is one of the best means of stimulating the appetite.

"As a means of stimulating retarded tissue metamorphosis, inhalations of oxygen promise much. The Deutsche Med. Wochensch., of October 10th, contains the substance of a lecture given by Dr. Kirnberger in the Medical Society at Mayence, on the treatment of leukæmia and pseudo-leukæmia, in which he suggests the inhalation of oxygen as a means of obviating the retarded tissue-metamorphosis which is characteristic of this disease. He cites a case in which he employed this treatment with good results. The patient, a boy aged ten and a half years, who had been treated with iron, arsenic, and quinine without any benefit, improving greatly, and finally becoming cured after the inhalation of oxygen, combined with arsenic, internally. The boy had reached a condition of extreme weakness, being entirely confined to bed, with loss of appetite and tendency to vomiting; the spleen considerably enlarged, and white and red blood corpuscles in the proportion of one to ninety. The treatment began in December, 1882, and after a daily inhalation of about thirty litres, the boy could leave his bed in ten days, and could go to school about the end of February. Some variations in his condition occurred from time to time;

but about the middle of September the author considered him to be definitely cured, the number of red corpuscles having returned to the normal."—*Med. and Surg. Reporter*.

Dr. Andrew Smith, New York Med. Record, 1871, says oxygen inhalation causes an average of nine beats less in the heart. It acts upon the blood in such a way as to facilitate its flow through the capillaries.

Asthma.—M. Demarquay reports three asthmatics treated with oxygen. In one case the success was marvellous. The other cases were complicated with emphysema and suffocating catarrh; in these the inhalation effected an amelioration of the symptoms.

Albuminuria.—Eckert has seen albuminuria cease under the influence of the inhalations. Dr. Paul, of France, reports a case in which the albumen disappeared, but afterwards reappeared and carried off the patient.

Asphyxia.—Dr. Wallian formulates from a paper by Layssel, the following:—

"1st. In certain cases of poisoning, viz., by chloroform, ether, chloral, opium, sulphide of hydrogen, carbonic oxide and hydrocyanic acid, oxygen is the only means of preserving life after all other means have failed.

"2d. Its presence in the operating room would be an infallible safeguard against fatal accidents from the use of anæsthetics. It promptly restores sensibility and eliminates narcosis in all such cases.

"3d. It offers the best prospects for success in asphyxia from strangulation, drowning, poisonous gases, etc., as also in cases of suspended vitality in the new born.

"4th. It will almost surely sustain life in all cases in which respiration has not entirely ceased, even if the intervals between inspirations be very great, provided it be persistently exhibited.

"5th. If cardiac and respiratory action have been absent for but a short time, resuscitation is often possible through the use of oxygen; and this agent should be perseveringly used in all such cases, even when appearances indicate that all efforts will prove useless. Cases have been frequently reported of drowned persons and apparently stillborn children being fairly raised from the dead by persistent endeavors with oxygen.

"6th. There is no contra-indication of the gas in any case of asphyxia.

"7th. The gas can be respired in notable quantities without the slightest injury.

Dr. Paul reports a case of laudanum poisoning, and three cases of suffocation from charcoal fumes saved by oxygen inhalations.

Demarquay, Duory, and Ozanam consider oxygen the antidote for all the asphyxias.

Duory and Ozanam insist upon the use of oxygen for relief in cases of overaction of an anæsthetic. Professor Jackson, of the University of Pennsylvania, also advised such use of the gas.

[To be continued in April number.]

ORIGINAL COMMUNICATIONS.

THE COLLECTION, REMOVAL, AND DISPOSAL OF KITCHEN-GARBAGE.

BY E. L. B. GODFREY, M.D.,

Member of the New Jersey Sanitary Association, etc. etc.,
Camden, N. J.

THE removal of filth by sewerage has been thoroughly studied and amply provided for in most cities. But the methods and appliances for the collection, removal, and disposal of garbage, ashes, street dirt, etc., have not received in some of the smaller cities the attention their importance demands. The subject, therefore, is one of serious concern to health authorities, because of its direct bearing on individual and public welfare. Public health and enterprise unite in requiring thorough scavenging, and, therefore, only the means to be employed remain to be considered. The supervision of the work either devolves directly upon the municipal authorities, or is by them given out into contracts. The former method is the better, because the work can be more thoroughly systematized, and infractions of sanitary laws more quickly remedied. Under the contract system, the contractor is apt to look more closely to the financial terms of his contract than to the public health, and, therefore, the work is rarely done (whether in the collection, removal, or disposal) in a satisfactory manner. On the other hand, there should not be a division of responsibility among city authorities; for under such circumstances, the best results are not easily obtained. Neither should a work of such importance be in charge of a committee, who do not control either the appropriation, expenditure, or the force to be employed, and who, moreover, are not in office for a sufficient length of time to master

the details of the work. The best and cheapest results would probably be obtained by making the collection and disposal of garbage a branch of the street-cleaning service, under the direct control of a superintendent. He should be responsible either to the executive, legislative, or health authorities, and should be furnished with all the force and all the appliances needed for the performance of his duty at the expense of the city. Under such circumstances, an intelligent supervision would soon establish the needs for thorough scavenging, and probably obtain a sufficient revenue from the sale of garbage, to sensibly diminish the expense of its collection and removal. Such a system is in vogue in Boston, and enough money is realized from the sale of properly collected garbage to pay about one-half the expense of its collection and removal. The scavenger department of Boston is provided with horses, carts, drivers, and helpers at the expense of the city. The men are required to enter yards and houses, and carry out ash and garbage receivers, and, after emptying their contents into the cart, to return the receivers to their proper places. When the cart is filled, the garbage is immediately taken to regular depots, of which there are four in the city, dumped upon raised platforms, and sold to farmers as food for swine. It is required that the collections of the day be disposed of before night. The carts are built by the city especially for the service, and when leakage occurs while passing through the streets, the fact is immediately reported by the police to the proper authorities. When no offal is found at inhabited dwellings, the case is reported to the Board of Health for investigation. The Boston method is a decided improvement over the methods of those cities which require ash barrels and garbage vessels to be placed upon the sidewalk to await the arrival of the scavenger, and after being emptied to be left in a damaged state when found. Such a measure is equally inconvenient to housekeepers, and unsightly to foot-passengers.

As to the collection of garbage, laws addressed both to the housekeeper and the scavenger would assist matters very materially. Each should have their special duties, the fulfilment of which would facilitate the efforts of both. The dry refuse of the kitchen should be kept apart from ordinary garbage. They should be placed in separate vessels, and collected separately. The throwing together of "slops,"

ashes, tin-cans, old shoes, etc., interferes with the collection and disposal of garbage. Garbage utensils are often of themselves a nuisance. Wooden vessels, especially in the summer, become offensive from more or less absorption of liquid garbage, unless coated with a non-absorbent material. Galvanized iron pails are the best receptacles for the putrescent refuse of the kitchen. The pails should have air-tight coverings, and should be of a size to admit of easy handling, yet large enough to hold the accumulations of two or three days. Before being used for fresh deposits they should be thoroughly cleansed. Disinfectants should not be substituted for thorough cleanliness. Recent observations have shown that the ordinary methods of disinfection are not wholly reliable, and often give a false security where danger really exists. It has been said, and with much truth, that disinfectants cannot take the place of cleanliness any more than Cologne can take the place of soap and water. Owing to the early and rapid decomposition of kitchen-offal, removal should be made daily in the summer, and two or three times a week during the winter. In Philadelphia, garbage and offal are removed twice each week in January, February, March, and December; four times each week in April, May, June, and November; and six times each week in July, August, September, and October. This cannot be considered an excessive effort at cleanliness, when Parisians think it incumbent upon them to clean the streets of Paris every twenty-four hours, and that, too, between the hours of 3 and 6 A.M.

Garbage carts should be well-constructed vehicles, water-tight, lined with some impervious material to prevent absorption, and fitted with air-tight covers to prevent the escape of gaseous odors. They are, however, expensive in their original cost, and are with more or less difficulty kept in repair. If used, they should be made especially for the service. Water-tight barrels with suitable covers are used in some cities in preference to carts. When of suitable size, the barrels are more easily handled and cleansed, and are much cheaper. They can be transported upon trucks, and they afford less exposure while being filled than carts, and less chance for the escape of nauseous odors. They have, moreover, the advantage in that they can be left at hotels, while the one filled is taken away.

The final disposal of garbage is a problem of

difficult solution. The size and location of the city (whether inland or along the sea-board), determines in a great measure the methods to be employed. A combination of two or more methods may be necessary. Those generally employed are as follows:—

- I. Mixing garbage with ashes, etc., and throwing upon vacant lots.
- II. Feeding to swine.
- III. Making into compost.
- IV. Removal to sea.
- V. Burning.

I. The practice of mixing garbage with ashes, etc., and dumping them together upon vacant lots, is not uncommon in some cities. It cannot, however, be too strongly condemned. Were ashes free from admixture with other substances, they would in most cases form suitable filling. But more or less rubbish and dead organic matter is mixed with them, even though the law requires that ash-barrels be filled only with ashes. It is claimed that the absorbent power of ashes and earthy matter deodorizes garbage. This is in part true, but decomposition occurs so early, and is so rapid in kitchen garbage, that it often takes place before its admixture with ashes, and deodorization, therefore, is not always complete. Again, it is known that garbage and other organic refuse mixed with ashes, rubbish, etc., and thrown upon vacant places, undergoes decomposition very slowly, owing to the want of a free supply of oxygen. This, carried on in places long occupied by successive generations, exhausts the self-purifying energies of the soil. Excavations of land made up many years previously of ashes, kitchen refuse, etc., have disclosed decomposing organic matter. Living upon such land is not without danger, both of disease and death. Offensive emanations in such places contaminate, to a greater or less degree, the air, while the matter exposed to rain-storms pollutes the ground by soakage, and mingling these with whatever water the soil may contain, often carries to wells and springs the deadliest poison. Drinking from the barnyard well has often demonstrated this to the farmer. Aside from air and soil contamination, the decomposition of organic matter may give rise to the germs of specific fevers. It is known that decomposition is not strictly a chemical change, but that it is in part a vital process. It was formerly believed that when death dissolved the bonds by which the living elements are

held, they rearranged themselves into new and more simple chemical compounds from their union with oxygen, and were thus reduced to their elementary state. But experimentation has shown that decomposition does not wholly take place, save in the presence of atmospheric germs. I use the term "atmospheric germs," because the germs are found floating everywhere in air, water, and soil, and upon all objects, whether animate or inanimate. They are more numerous than all other forms of life combined, and they have for their function the power to reduce, through putrefactive changes, dead organic matter into its original elements, from which it again becomes serviceable to new life. Found within the human system as well as without, their very universality forbids the view that they constitute the contagia of specific fevers. But being vital, they may, during the putrefactive changes it is their province to induce, become poisoned, and it is diseased germs, together with the morbid material they convey into the system, that become dangerous to life. The doctrine that specific fevers are of germ origin more clearly explains the phenomena of those fevers than any hypothesis heretofore advanced.

II. Feeding to swine.

It has been said that swine were created especially for the consumption of "swill." Especial pains is taken in some places in collecting garbage, on account of its marketable value as food for swine. But it cannot be argued that swill-fed pork is equal to corn-fed, and, therefore, this method is not generally popular. It is used to the best advantage in the country, among farmers, where all kitchen and dairy refuse is carried twice a day to the hog-pen. There it is probably unobjectionable, but in the city, during the hot weather, the condition of the average swill-pail becomes such that the contents are frequently full of living, animal matter. The swine, to which this is fed, are sold in city markets, to appear in various forms upon the city tables—a result not to be looked upon with entire satisfaction.

III. The making of garbage into compost.

This is one of the least objectionable methods for its disposal; but the large shrinkage makes it less remunerative than would at first appear. It cannot compete in value for the fertilization of land with sewage and other similar waste.

IV. Removal to sea.

The dumping of all garbage into the sea offers the best suggestion for its disposal in cities bordering on the coast. This is done in New York, Brooklyn, and Boston. New York employs ten boats, each of five hundred tons burden, known as Barney dumping-boats, which carry off all decayed vegetable fruit, and kitchen refuse, and deposit them at a safe distance from land.

V. Burning.

This offers a good solution of the disposal of garbage, where it has no marketable value, or cannot be carried out to sea. To as great an extent as possible, garbage should be cremated in the kitchen range or stove, when it can be done without annoyance to the household. This, however, is often impracticable in the summer, especially in large families, owing to the use of fruits and vegetables containing a large proportion of waste. Neither is the average kitchen range constructed with a view to such purposes, nor is coal adapted for the consumption of moist substances. In Glasgow, garbage is removed to depots and there cremated, but there are no appliances for its cremation on a large scale in this country. The cost of the plant for large crematories renders the method at first sight objectionable, but without a properly constructed plant, it would be decidedly obnoxious. Their introduction in the large inland cities is only a matter of time. The growth of these cities, the constantly increasing distance from their business centres to the open country, and the higher standards of cleanliness now being enforced in other directions are strong arguments in favor of crematories for garbage. In the matter of garbage, rich and poor alike are exceedingly careless. Thorough supervision, therefore, in every part of the city in regard to the collection, removal, and disposal of garbage; frequent inspection of cellars and yards by officials of the Board of Health—these should not be considered too great an effort in the direction of cleanliness. Care and thoroughness in this direction will strongly evidence official enterprise, attested by marked improvement in public health, and a visible decrease of summer mortality.

If you need anything consult the advertising pages of THE BULLETIN.

WE vouch for all our advertisers. Patronize them.

*THE PHYSIOLOGICAL ACTION OF
ESERINE.*

BY JOHN WATSON, M.D.

ESERINE, which is one of the active principles of physostigma or calabar bean, acts powerfully as a myotic when applied directly to the eye. I have been using small tabloids, each one containing $\frac{1}{80}$ th of a grain of eserine, which can be easily introduced into the inner canthus of the eye, where they are soon dissolved by the lachrymal secretions.

With tabloids of the above strength contraction of the pupil occurred five minutes after introduction, which contraction increased rapidly, so that in another three or four minutes the pupils had diminished to the size of pin-points. On an average this extreme contraction continued for about twelve hours, after which it gradually passed off so that in another three or four hours the eye appeared quite normal again. These effects were noticed only in the eye to which the tabloids were applied, the other eye remaining unaffected.

There was marked dilatation of the conjunctival bloodvessels with great twitching of the eye, the myopia was extremely well marked, with great dimness of vision.

On closing the normal eye and trying to walk—the eye which had been experimented upon remaining open—it was found difficult to do so, owing to the imperfect manner with which surrounding objects could be seen, so sundry blows and falls resulted.

Throbbing and uncomfortable shooting pains were experienced down the nasal bone corresponding to the eye in which the drug was introduced. A feeling of nausea and faintness was sometimes experienced, but this was by no means a constant symptom. The pulse was slowed in about a quarter of an hour after application and became feeble, at the same time a feeling of giddiness and syncope was invariably felt, and abundant perspiration occurred, a feeling of lassitude and disinclination for active exertion was generally, though not invariably, present.

After using the above, I experimented with tabloids containing $\frac{1}{100}$ th of a grain, the effects of which were manifested by diminution in intensity of the above symptoms, some of which—such as the nausea and nasal pain—did not occur at all in the majority of instances. The effects on the pupil were not manifested for

fifteen or twenty minutes after application, as a rule; though after using six of the tabloids, the pupil contracted in about ten minutes after the application.

WESTMINSTER HOSPITAL, LONDON.

*CASE OF BELLADONNA POISONING DURING PARTURITION;
RECOVERY.*

BY ALFRED S. GUBB, L.R.C.P., M.R.C.S.,
LONDON.

HENRIETTA C—, æt. 32, about to be confined of her third child, was attended by the village midwife, who was in the habit of replacing the local doctor in normal cases with his assent. As the labor was very slow and the progress small, the midwife sent to the surgery for some ergot, providing the messenger with a bottle to bring it back in. The doctor gave the bottle to his assistant telling him simply to fill it. The latter, not knowing either what the bottle had contained or what was required, smelled at the cork and, recognizing the odor of belladonna liniment, he forthwith filled the bottle with this and handed it to the messenger, not, however, omitting to paste a “poison” label across the phial. The midwife on receiving it promptly administered a teaspoonful to the patient, and, as in half an hour labor did not sensibly advance, another teaspoonful was made to follow the first. In the course of a couple of hours, however the “carryings on” of her patient thoroughly alarmed the midwife, the patient talked incoherently, had a “dazed” look on her face, and threw her limbs about quite indiscriminately. There was some sickness, but the patient gradually became comatose, and only muttered unintelligibly when spoken to loudly or shaken. The doctor was sent for, and when he arrived the patient was lying helpless on the ground, where her previously disordered movements had placed her; she did not reply to any questions even when put in a loud voice, nor did she rouse on being shaken, though she mumbled something on being put to bed. An emetic of mustard was administered, which produced vomiting after a little delay, but the patient still remained unconscious, with half open eyes and a rapid, shallow breathing. On vaginal examination the head was found low down on the perineum, the

forceps were accordingly applied, and delivery effected without difficulty, the placenta following in due course and with no hemorrhage. The woman gave no signs of pain during these proceedings, and continued to sleep on for several hours. Ultimately she awoke and was much astonished on being told that the child was born, having herself no recollection of what had taken place. She said she felt "dazed," and complained of dryness of the mouth and throat, with headache and lassitude. Her speech was difficult and indistinct, probably from the dryness of the mouth. The symptoms gradually passed off, and she made an excellent recovery, without an untoward symptom.

HOSPITAL REPORT.

CHARING CROSS HOSPITAL.

UNDER MR. J. ASTLEY BLOXAM, F.R.C.S.

Polypus of Rectum.—Henry T—, æt. 14, schoolboy, states that he had suffered from some inconvenience about the bowel for about twelve months, and that lately he has been losing blood. He first noticed a mass protruding after the bowels had acted a short time ago. Is subject to "fits."

On examination a pedunculated, warty mass was found protruding from the anus, which bled easily on being touched. The pedicle is long, and attached to the posterior surface of the rectum. The boy appears otherwise in good health. Mr. Whitehead ligatured the polypus close to its attachment and removed the mass. The boy made an uninterrupted recovery, and was discharged cured ten days after admission.

Case of Anthrax.—George M—, æt. 54, French polisher, applied on account of an angry-looking swelling, measuring some six inches by four, situated on the back between the scapulae. In its centre the skin had broken down, exposing the cellular tissue beneath. The surface was covered with sloughs, and discharged abundantly. On probing, it was found to be between two and three inches deep, and the skin around it is undermined. He passes his urine frequently and with difficulty. His appetite is poor and his sleep disturbed. Is very thirsty. Urine, sp. g. 1020, and contains

of cancer of the breast. Has had fifteen children, of which eleven are living. Had a carbuncle on his neck some five years since, which lasted three weeks, and just lately he had been laid up with an abscess on the foot. On admission on the 1st inst., Mr. Bloxam removed some of the sloughing tissues, and ordered a poultice with liq. potassa permanganas. Temperature 101° Fahr. To take gr. j of pulv. opii twice a day, and a mixture containing ℥xx of tincture of perchloride of iron three times a day.

Subsequently sloughs were removed, and the carbuncle circumscribed by a broad strip of adhesive plaster. Patient passed 134 ounces of urine in twenty-four hours, containing sugar. He is very weak, and suffers intensely from thirst.

On the 10th, the patient was seized with severe rigor, which commenced at a quarter past nine and lasted until a quarter past ten, followed by profuse sweating. His temperature went up to 105.3° Fahr., at twelve his temperature was 104.3° Fahr. He died the next day after lying a few hours in a semi-unconscious condition.

Carious Cavity in Head of Astragalus.—Charles H—, æt. 19, tailor, came in with the following history: Twelve years ago he received a severe kick on his right foot, resulting in severe pain, which lasted over a year, and was accompanied by a good deal of swelling. At the end of the year some necrosed bone was removed, and the foot apparently got quite well, the patient being able to walk without pain. About two years after the operation a sore again formed, and this continued for some years, getting better and then breaking down. For the last three years the foot has been in a satisfactory condition, but a few months ago he "sprained" his foot, and this led to the reopening of the wound, which discharged pus, and from which pieces of dead bone came away occasionally.

Patient is evidently strumous. On examination of the foot a sinus was found over the head of the astragalus, discharging some thick pus, and on probing carious bone was easily felt. The whole foot was oedematous and painful when pressed upon.

The next day, the patient being under chloroform, Mr. Bloxam made an incision one and one-half inches in length over the anterior surface of the astragalus and gouged out a quantity

of carious bone, making a counter opening on the plantar surface, in which he inserted a drainage-tube. The wound was filled with iodoform, and dry lint applied. Subsequently another opening had to be made on the outer side of the foot, to liberate a further collection of pus. The wounds were allowed to granulate from the bottom, and the patient recovered, with a very serviceable foot.

Case of Recto-Vesical Fistula Opening through Prostate.—Joseph J—, æt. 52, printer, applied in February, on account of his passing his urine per rectum. There was a history of gonorrhœa thirty years ago, lasting over several months, which was treated with internal remedies and injections. He had noticed the first signs of a stricture about fourteen years ago, and the conditions gradually got worse until he became quite unable to pass his urine naturally. He first went to an irregular practitioner, who passed elastic catheters, and under his treatment the stricture got worse, and ultimately became impassable. He then applied to his club doctor, who, after a great deal of trouble, succeeded in passing a silver instrument and drew off a very large quantity of urine. After this he was instructed to pass a gum elastic catheter himself (about No. 7), and improved so much that he thought he had quite recovered, the catheter passing with the greatest ease. He had no discomfort, nor, indeed, symptoms of any kind, until he noticed that a small quantity of urine escaped *per rectum* and this steadily increased in quantity. About a year ago he was admitted into Guy's Hospital where he was examined and put on tonics. He was told to use the gum elastic catheters for himself, and ultimately left the hospital without much improvement.

On admission he was evidently much debilitated, and complained of a troublesome cough. On examining the rectum by means of a speculum, an opening of considerable size was found between the bladder and rectum, traversing the prostate. He had a good deal of pain on passing water. Some days the catheter would be passed without much difficulty, and at other times this could not be done. His general health was so poor that he was recommended to a convalescent hospital.

EVERYTHING new and of value to the Profession is advertised in THE BULLETIN.

THERAPEUTIC NOTES.

CYSTITIS.

Dr. F. Clendenen (*Therapeutic Gazette*) says, during the last few years I have had a number of cases of cystitis on my hands, in which I have used the following prescription with the greatest success:—

R. Tinct. elaterium . . . 3j-3ij.
Ext. belladonna, fl. . . gtt. xv-xxx.
Aqua . . q. s. ad. fl. 3iv.

M. Sig.—Teaspoonful every two or three hours.

With this treatment is usually combined a tea made of watermelon seed or elm bark. My failures with this treatment have been very few. In a few instances, where the case seemed somewhat rebellious, I have given the elaterium strong enough to get the cathartic effect of the drug. The specimen of elaterium from which the tincture is made should be perfectly pure, or the results cannot be depended upon. The way that I prepare the tincture is to exhaust one grain of elaterium in an ounce of pure alcohol, to which four drops of nitric acid have been added.

TONIC MIXTURE FOR CHILDREN.

R. Phosphoric acid (dil.),
Tinct. chloride of iron . . . 3ij.
Syrup of lemon,
Water 3iss.

M. Sig.—Teaspoonful every four hours for a child from three to five years old.

—*Maryland Medical Journal.*

INCONTINENCE OF URINE.

R. Tinct. belladonnæ . . . 3ss.
Tinct. ignatiæ . . . 3iss.
Tinct. cantharides . . . 3ss.
Tinct. cinchonæ comp. . . 3ij.

M. Sig.—One teaspoonful in water three times a day.

ANÆMIA.

R. Tinct. nucis vomicæ . . . 3iss.
Acidi phosphorici dilut. . . 3ij.
Tinct. gentianæ comp. . . 3ij.

M. Sig.—One teaspoonful before meals.

INFANTILE COLIC.

R. Ammonii bromidi . . . 3ss.
Tinct. capsici . . . ʒiv.
Syr. zingiberi . . . 3j.
Aqua 3iss.

M. Sig.—One teaspoonful every hour when necessary.

DIPHTHERIA.

Professor N. S. Davis considers chlorate of potassium, benzoate of sodium, belladonna, and iodine to be the most valuable of all the remedies that have been suggested for the treatment of diphtheria. Quinine, iron, and strychnia are also of service. In mild cases, Professor Davis usually recommends—

R. Potassii chloratis ℥iiss.
 Acidi hydrochlorici dilut. ℥j.
 Tinct. belladonnæ ℥iiss.
 Aqua ℥viiij.

M. Sig.—One teaspoonful undiluted every two or three hours.

In cases of greater severity, the patient should be given two or three alterative doses of calomel, and then directed to take the following combination, in addition to the chlorate of potassium and belladonnæ:—

R. Iodine gr. v.
 Potassii iodidi ℥ss.
 Aqua ℥ss.

M. Sig.—Half teaspoonful in water every six hours.

In cases in which the breath becomes offensive, and the saliva abundant and mixed with a muco-purulent discharge from the throat and nostrils, better results can be obtained from the administration of—

R. Strychnia sulphatis gr. ¼.
 Tinct. ferri chlor. ℥iij.
 Acidi hydrochlorici dilut. . . . ℥ss.
 Quinia sulphatis ℥ss.
 Aqua ℥iv.

M. Sig.—One teaspoonful every hour and a half.

If ulceration occurs, moderate doses of carbonate of ammonia and camphor should be given in addition.

During the last few years, Professor Davis has frequently employed the benzoate of sodium instead of the chlorate of potassium in the early stages of the disease. It may be given in doses of from three to five grains every two hours. It appears to lessen the amount of exudation, and is especially adapted to the early stage of sthenic cases.

SPASMODIC CROUP.

R. Potassii bromidi ℥j.
 Syr. ipecac. ℥j.
 Syr. scillæ comp. ℥ij.
 Syr. zingiberi ℥j.

M. Sig.—One teaspoonful every two hours.

TEREBENE.

We have had ample opportunity of testing the remedy recommended by Dr. Murrell, and we are able to report favorably in some cases. It appears to act not only as a sedative, but a stimulant to the bronchial mucous membrane, assisting expectoration, especially in bronchorrhœa. We have given it internally, five to fifteen drops four times daily. We must not expect to find it a panacea for bronchitis, emphysema, and every form of chest complaint. It will have a definite use in a certain class of coughs, and experience alone can tell the class of cases it is most useful in. Its flavor is pleasant, and some of our patients have thought it was nothing more than a strong camphor solution, from which its taste and smell is very different. Its practical use for the ordinary general practitioner has its drawbacks. We need not point out what these are, but we feel certain that the general practitioner will find out for himself what the objection is. The difficulty may be overcome by prescribing the following:—

R. Terebenè ℥lxxx.
 Mucilaginis tragacanth ℥ij.
 Ext. glyc. liq. ℥ss.
 Aqua ad. ℥viiij.

One ounce every four hours.

R. Terebene ℥lxxx.
 Ol. limonis gtt. x.
 Mucilaginis tragacanth ℥j.
 Aqua ad. ℥viiij.

One ounce every four hours.

R. Terebene ℥lxxx.
 Mistura amygd. ℥viiij.

M. Ft.—One ounce every four hours.

It is very light, and will not mix with water; but when shaken up, it is diffused, so that it might be given even in plain water, provided it is briskly shaken.—*Provincial Med. Journal.*

CHRONIC HYDROCEPHALUS.

Professor N. S. Davis recommends—

R. Potassii iodidi ℥iss.
 Tinct. digitalis ℥iij.
 Tinct. hyoscyami ℥ss.
 Ext. scutellaria, fl. ℥iss.

M. Sig.—Twenty drops four times a day in water.

CYSTITIS.

R. Tinct. aconiti rad. ℥xx.
 Sodii bicarb. ℥ij.
 Infus. scoparii ℥vj.

M. Sig.—Tablespoonful every four hours.

WHOOPIING-COUGH.

Hammond's specific—

R. Am. bromid.	. . .	3j.
Tinct. lobelia	. . .	gtt. xx.
Tinct. stramonii	. . .	gtt. iv.
Acid. hydrocyan. dil.	. . .	gtt. vj.
Syr. pruni. virgin.	. . .	3j.
Elix. cort. aurant.	. . .	3ij.
Aqua	. . .	3vj.

M. Ft. sol.

Sig.—For a child eight to twelve months old ten to twelve drops every three or four hours.

This is regarded as well-nigh specific in that disease.—*Atlanta Med. and Surg. Journal.*

THE TREATMENT OF INFANTILE PARALYSIS.

The clinical features of the common and distressing affection known as infantile paralysis, essential paralysis, and progressive paralysis, are familiar to everybody, but the treatment has always been difficult and uncertain. In a lecture recently delivered by Dr. William Murrell, a plan of treatment has been formulated which, it is to be hoped, may prove as successful in other hands as it appears to have been in his own. The treatment consists essentially in the administration of aconite during the acute stage while fever is present, followed after the lapse of three or four days by physostigma, combined still later with suitable doses of phosphorus. So much for the medicinal part; but, simultaneously with the latter portion of the treatment, recourse must be had to massage, not the massage ordinarily in use, which frequently proves inefficacious, but a massage conducted on the scientific plan laid down by Metzgar, of Amsterdam, and Von Mosengeil, of Bonn. This process is divided into four forms, or gradations, first, *effleurage* (surface rubbing); secondly, friction, a more vigorous application of the preceding, then the *pétrissage* (kneading); and, finally, *tapotement*, which is a form of percussion. When the cases are taken in hand early, a marked improvement is promptly perceived, the temperature of the affected limb approaches the normal, and the nutrition of the tissues acquires a fresh stimulus. How massage applied to the limbs can affect the pathological processes in the spinal cord is not quite clear; but it would seem that, if the nutrition of the paralyzed limbs or groups of muscles can only be maintained for a sufficient length of time, other motor nerve-cells in the anterior cornua of the

cord may be called into play. This view is not without a clinical parallel in the subsequent acquirement of the faculty of speech by patients whose previously existing centre has been destroyed by hemorrhage, embolism, or thrombosis. It is essential that the massage should be conducted on a dry skin, with dry hands; and it is not altogether improbable, under these circumstances, that, as Reibmayer, of Vienna, suggests, the current of electricity so created may be one of the factors in the results obtained. The massage should only be resorted to by the advice and under the supervision of a medical man, as indiscriminate massage is not only likely to be useless, but may be positively injurious. Combined with the foregoing scheme of treatment, recourse may be had to such further adjuncts as hot pine-baths, the hypophosphites, extract of malt, and cod-liver oil, etc.—*British Medical Journal.*

HEMORRHOIDS.

Dr. J. Wilson (New Eng. Medical Monthly) recommends—

R. Morphia sulph.	. . .	gr. iij.
Ext. stramonii	. . .	gr. xxx.
Ol. olivæ	. . .	3j.
Plumbi carb.	. . .	3j.
Cerati simp.	. . .	3iij.

M. Ft. ungt.

Sig.—Apply four times daily

PRURITUS VULVÆ.

R. Hydrarg. bichlor.	. . .	gr. viij.
Tinct. aconiti rad.	. . .	3ij.
Tinct. hyoscyami	. . .	3ij.
Aqua camphoræ	. . .	3vj.

M. Sig.—Apply locally.

MENORRHAGIA.

R. Ext. gossypii, fl.	. . .	3ij.
Ext. cimicifugæ, fl.	. . .	3iij.
Tinct. cinchonæ comp.	. . .	3ix.

M. Sig.—One teaspoonful every four hours.

INFLAMED BREASTS.

R. Tinct. pulsatillæ	. . .	℥xx.
Ext. phytolacca, fl.	. . .	3iv.
Vini colchici rad.	. . .	3ij.

M. Sig.—Half teaspoonful every two hours.

AMENORRHOEA.

R. Ol. sabinæ	. . .	3ss.
Spts. ætheris nitrosi	. . .	3ij.
Syr. acacia	. . .	3ss.
Aqua	. . .	3iiss.

M. Sig.—One teaspoonful every three hours.

CARDIAC DROPSY.

R. Tinct. nucis vomicæ . . . 3ss.
 Potassii acetatis . . . 3iiss.
 Infus. convallaria . . . 3ij.
 Infus. buchu . . . 3iv.

M. Sig.—Two tablespoonfuls three times daily.

UTERINE HYPERTROPHY.

R. Strychnia sulphatis . . . gr. ss.
 Ext. ergotæ, fl. . . . 3ss.
 Tinct. cinchonæ comp. . . 3xiv.

M. Sig.—One teaspoonful in water four times a day.

MEASLES.

R. Tinct. digitalis . . . 3j.
 Syr. senegæ . . . 3v.
 Syr. scillæ . . . 3vij.

M. Sig.—Half teaspoonful every four hours in water.

HEPATIC CONGESTION.

R. Sodii chloridi . . . 3j.
 Ammonii chloridi . . . 3ij.
 Aqua . . . 3ij.

M. Sig.—Dessertspoonful before meals.

WHOOPING-COUGH.

R. Ammonii bromidi . . . 3j.
 Tinct. hyoscyami . . . 3ss.
 Aqua menth. pip. . . . 3x.
 Syr. simp. . . . 3x.

M. Sig.—One teaspoonful in water every four hours.

SMALLPOX.

R. Acidi salicylici . . . 3ij.
 Sodii bicarb. . . . 3iiss.
 Aqua . . . 3vj.

M. Sig.—Dessertspoonful every four hours in water.

NYMPHOMANIA.

R. Potassii bromidi . . . 3iv.
 Ext. salix nigra, fl. . . . 3iv.
 Infus. digitalis . . . 3v.

M. Sig.—Tablespoonful three times a day.

ACUTE RHEUMATISM.

R. Potassii iodidi . . . 3iiss.
 Potassii bicarb. . . . 3ij.
 Vini colchici rad. . . . 3ij.
 Aqua . . . q. s. ad. 3iv.

M. Sig.—Dessertspoonful every two hours.

TONSILLITIS.

R. Tinct. pulsatilla . . . 3ss.
 Ext. phytolacca, fl. . . . 3iiss.
 Tinct. guaiaci ammoniat. . . 3xij.

M. Sig.—One teaspoonful in water every three hours.

FATTY HEART.

R. Strychnia sulphatis . . . gr. ss.
 Ferri sulphatis . . . gr. xx.
 Quinia sulphatis . . . 3ss.

M. Ft. pilulæ No. xx.

Sig.—One pill after meals.

PUSTULAR SYPHILIS.

Dr. W. L. Elkin (Atlanta Medical and Surgical Journal) recommends—

R. Hydrarg. biniodidi . . . gr. ij.
 Potassii iodidi . . . 3iv.
 Tinct. gentianæ . . . 3ij.
 Aqua . . . 3ij.

M. Sig.—One teaspoonful in water after meals.

BRONCHIAL CATARRH.

Professor Bartholow frequently orders—

R. Tinct. sanguinaria . . . 3ij.
 Tinct. lobelia . . . 3ij.
 Vini ipecac. . . . 3j.
 Syr. tolu . . . 3ij.

M. Sig.—One teaspoonful every three hours.

LUMBAGO.

R. Potassii iodidi . . . 3iiss.
 Ext. stillingia, fl. . . . 3ij.
 Ext. xanthoxyli, fl. . . . 3iiss.

M. Sig.—One teaspoonful in water every four hours.

ERYTHEMA.

R. Plumbi carb. . . . 3j.
 Bismuth subnitratiss . . . 3ij.
 Ung. zinci oxidi benz. . . . 3j.

M. Ft. ungt.

Sig.—Apply externally.

GONORRHOEA.

R. Zinci sulphatis . . . gr. vj.
 Tinct. opii deod. . . . 3ss.
 Aqua . . . 3vij.

M. Sig.—Use twice daily as an injection.

GASTRIC ULCER.

R. Argenti nitratis . . . gr. iss.
 Tinct. belladonnæ . . . 3ss.
 Aqua distill. . . . 3iv.

M. Sig.—Dessertspoonful well diluted four times daily.

STOMACHIC VERTIGO.

Professor Bartholow says the best treatment for stomachic vertigo consists of the administration of two or three minims of Fowler's solution in water, before meals, combined with a proper regulation of the diet.

THE
Medical Bulletin.

JOHN V. SHOEMAKER, A.M., M.D., Editor.
F. A. DAVIS, Att'y, Publisher.
A. L. HUMMEL, M.D., Business Manager.

Philadelphia, March, 1886.

THE NEW NATIONAL MEDICAL
SOCIETY.

THE new National Medical Society which the malcontents threatened to organize, has been formed at last, but we understand that a public announcement of its name, purposes, and membership will be withheld until after the meeting of the American Medical Association. If the Association should decide to reinstate the Old Committee with full power to reappoint themselves and friends to all the offices of the Congress, the new society may quietly disband. If the Association, however, should not accede to this modest request, the bolters and their friends will probably leave *en masse*, and proceed at once to publicly organize their new mutual admiration society. The membership will be limited, and none but those who can present gilt-edged letters of recommendation need apply for admission. There is good reason to believe, however, that the fledgling is too soft and tender for this harsh world. In fact, one of the most distinguished of American physicians was recently invited to become a member, but after examining its rules and roll of membership declined, as he tersely expressed it, "to join such a dude society."

THE INTERNATIONAL MEDICAL
CONGRESS.

THREE months ago the Medical News and the Medical Record arrogantly proclaimed that the Ninth International Medical Congress was irrevocably doomed to be a miserable failure. We, the bolters, are the *élite* of the American medical profession, the glory of American medicine is centred in us, and without us there is nothing but ignorance

and desolation. The American Medical Association does not acknowledge this, however, and refuses to bow down before us. We will compel it to repent its folly in sackcloth and ashes. We will proclaim to Europe that we will not participate in the Congress, and when Europe learns that the Congress will not be adorned by the Jupiter and Saturn of American medicine, attended by a host of well-trained satellites, Europe will stay away, and the Congress will be a hollow mockery.

But, alas, for the vanity of earthly glory! Europe received the woful tidings with supreme indifference. No earthquake occurred in Paris, no cataclysm shook London to its foundation, and even Berlin and Vienna remained undisturbed. The inference to be drawn from this shocking occurrence is that great men, and the sons of great men, should not too hastily rank themselves among the immortals. Philadelphia, New York, and Boston undoubtedly contain a number of skilful physicians, but there are thousands in other portions of the country who are equally skilful and learned, and capable of maintaining the honor of American medicine. The probability is that the Medical News and the Medical Record fully realize this now, but if they entertain any doubt upon the matter, THE BULLETIN takes pleasure in assuring them that the Congress will be a brilliant success in spite of all their sneers and innuendoes.

FOREIGN OPPOSITION TO THE
CONGRESS.

THE foreign opposition to the Congress, on which the Philadelphia Medical News and the New York Medical Record laid so much stress, has vanished like a dream. Three months ago we were informed that "the way across is long, the fear of the sea is strong," and that no European physician would think it worth while to cross the Atlantic to attend a "rump Congress." We were also informed that all the leading European journals were in opposition to the course of the American Medical Association. The facts of the case are, that the American Medical Association was bitterly attacked by one English journal, the Medical Times and Gazette, but its action so disgusted its subscribers that it has since been

compelled to suspend publication. Two or three German medical journals also published one or more articles condemning the action of the American Medical Association, but the most superficial examination sufficed to show that these articles were merely *verbatim* translations of the editorials of the Philadelphia Medical News, and consequently unworthy of notice. On the other hand, the Congress has received the earnest support of the Lancet, The British Medical Journal, The Provincial Medical Journal, Le Progrès Médical, and other influential European journals. As for the statement that no European physician of eminence would attend the Congress, it is sufficient to say that those who promulgated that statement knew it to be untrue.

Dr. Horatio R. Bigelow, in a recent letter from Vienna to the Journal of the American Medical Association, says:—

"The enthusiasm here over the Congress grows daily, and I am quite sure that Vienna will send a large delegation to Washington. I hope to be able to establish equal interest in Buda-Pesth and Munich."

Letters from London, Dublin, Edinburgh, Paris, and Berlin also assure us that the most prominent physicians of England, Ireland, Scotland, France, and Germany have signified their intention to be present at the meeting of the Congress next year.

THE RECENT MEETING OF THE PHILADELPHIA COUNTY MEDICAL SOCIETY.

THE following letter from the Journal of the American Medical Association is a scathing exposure of the methods resorted to by the Philadelphia bolters to obtain control of the delegates from the Philadelphia County Medical Society. We have obtained possession of some more of the inside facts of their proposed scheme, and will soon present them before the American medical profession:—

TO THE EDITOR OF THE JOURNAL:

Dear Sir:—In the issue of your Journal for January 30th, your Philadelphia correspondent enters somewhat fully into the history of the last business meeting of the Philadelphia County Medical Society. He speaks of "the informally

presented candidates." Now in order that it may be fully understood how nominations for delegates from this Society to the American and State Medical Societies are made, I will quote part of Article XII., Section IV. of the By-Laws, which reads as follows: "At the stated meeting in June, a committee of five members shall be constituted, two of whom shall be appointed by the President, and the remaining three elected by ballot, which shall be called the Nominating Committee. At the stated meeting in October, this committee shall present a ticket of candidates for election to the different delegations of the Society."

This committee was constituted in the manner prescribed by the By-Laws, and made their report at the stated meeting of the Society in October, which report was accepted. The "informally presented candidates" whom your correspondent speaks of, were nominated in secret caucus by a self constituted committee, composed of members unknown to a large part of the Society. This list of "informally presented candidates" had never been seen by those of the Society who were not supposed to be in accord with them until the day of election, when it was read, and, by methods heretofore unknown to the Society, made to take the place of the ticket proposed by the legally constituted Nominating Committee.

So anxious were the self-constituted committee to make a ticket to suit their purpose, that they placed in nomination two persons who were not members of the Society, and two others who were not eligible as delegates under the By-Laws when the regular Nominating Committee made their report.

The Nominating Committee, although constituted in the regular way, was accused of being packed, and of packing the delegations for both the American and State Medical Societies in the interest of the action of the American Medical Association, at its last session in New Orleans. It has been ascertained since the election, that twenty of those nominated in the regular list for the American Medical Association, voted for the "informally presented candidates," twenty for the regular ticket, and five could not be accounted for. This does not look much like a packed ticket in the interest of a faction.

I regard the course pursued by that part of the Society in opposition to the regular ticket as uncalled for and the precedent established a dangerous one for the best interests of the Society. I will not allude to the great interest taken in the meeting, of which your correspondent speaks further, than to state that the proceedings were of a character entirely unbecoming a body of medical men.

MEMBER OF THE NOMINATING
COMMITTEE.

PHILADELPHIA, Feb. 11, 1886.

THE NEUROTIC TREATMENT OF CORYZA.

DR. LEES recently read a valuable paper before the Medical Society of London, upon the nature and treatment of coryza, in which he called attention to the troublesome consequences that frequently follow a neglected cold, and to the unsatisfactory results that are sometimes obtained from the usual treatment by laxatives or diaphoretics. Dr. Lees defined coryza to be a neurosis of the vaso-motor nerves of the nasal and contiguous mucous membranes, excited directly or in a reflex manner by impressions of cold on the cutaneous nerves. He pointed out that congestion of the nasal mucous membrane was the result of this vaso motor disturbance. The question of the parasitic origin of coryza was considered, and the arguments in its favor stated, including the contagious character of some colds, and their analogy to whooping-cough, measles, and influenza. The mass of evidence, however, is not in favor of the germ theory of the origin of the disease.

In reference to treatment, Dr. Lees maintains that, as coryza is a neurosis, relief must be sought for in neurotic remedies. The therapeutic indications are three: to allay the excitability of the central nervous system, to lessen the congestion and hyperæsthesia of the nasal mucous membrane, and to arrest the discharge if it has commenced. Opium may be given to meet the first indication, but bromide of potassium is more efficient, and entirely safe. The second indication can be fulfilled by painting the interior of the nasal tract with a solution of cocaine. The discharge can be promptly arrested by the administration of belladonna. In practice, Dr. Lees has found the following method to be admirably successful in cutting short a cold. To an adult patient he usually gives from forty to sixty grains of bromide of potassium, to be taken at once, a similar dose to be taken six hours later, and another dose, if necessary, at the expiration of the second six hours. He also directs the patient to take from five to seven minims of the tincture of belladonna every hour or two until the throat feels dry. Locally, he directs the nasal mucous membrane to be painted with a four per cent. solution of cocaine. This invariably gives

great relief, and in some cases is sufficient to effect a cure without any other medication. In conclusion, Dr. Lees related a case in which the administration in divided doses of ten grains of bromide of potassium and five minims of tincture of belladonna had cured in less than forty-eight hours a marked attack of coryza and bronchial catarrh in a weak, rickety child, aged four years. In view of the alarming condition of the child before treatment was instituted, Dr. Lees considered it probable that a fatal result was averted by the employment of the neurotic treatment of coryza, instead of the usual depressing diaphoretic or laxative plan.

THE CANADIAN MEDICAL JOURNALS AND THE AMERICAN MEDICAL ASSOCIATION.

We take pleasure in republishing the following letter addressed by Dr. William Brodie, President of the American Medical Association, to the Canada Medical and Surgical Journal, and trust that its perusal will convince our Canadian editorial brethren of the futility and absurdity of their opposition to the assemblage of the Ninth International Medical Congress in a friendly country:—

To the Editors of the Canada Medical and Surgical Journal.

SIRS: In the February number of the Canada Medical and Surgical Journal I read an editorial reply to my letter as published in its January number in reference to the International Medical Congress of 1887, to be held in Washington, United States of America. To my sorrow, it breathes the same spirit as the article which called forth my letter. For some reason or other, your Journal and other Canadian ones seems to have taken their cue from the defunct Medical Times and Gazette, of London, and some journals of the United States whose editors are not members of the American Medical Association, and some of whom have ignored its ethical requirements, and, consequently, cannot join in its consultations. Why you have adopted this course towards the action of so large an association as the American Medical Association, I know not, and can only surmise. In fact, it is the largest representative society in the world, so far as figures show. I well know the strong affinity that ex-

ists between the Canadian profession and that of Great Britain, and I am not surprised that the London meeting of the International Medical Congress should be considered by you as the perfection of excellence, but, strange to say, no allusion to the Copenhagen Congress or its precedents, and the illustrious men who composed these congresses. Can you show me, in any instance, where the American medical journals used their influence to make them failures, even if their friends did not "roost on the highest pole" or any one of the American profession?

If I am correctly informed, there were jealousies and internal bickerings in the English profession in the organization of the London Congress, in which "science" had no part, and many men as illustrious as those who were made prominent were left in the cold and took back seats. Did the American medical profession try to make the chasm wider, and to dictate who were right and who were wrong? You say: "At present the prospect is that the peers of the men who organized the London Congress (why not include Copenhagen) will be absent from Washington." Is not the Canada Medical and Surgical Journal doing its best to promote that absence? Would it not be well for you to take counsel from the London Lancet? Were we to criticise the editorials in the Canadian medical journals, we would not fall much short in arriving at the conclusion that they did not want the Washington Congress of 1887 to be a success.

But for fear I may have misjudged, and that ignorance of the facts in the case have led to the editorial expressions of the Canadian medical press, I would respectfully refer you to the editorial in the Chicago Medical Journal and Examiner for December, 1885, and to the editorial in the January number of the same journal; also to the editorial in the Journal of the American Medical Association for Feb. 6th, 1886. I also take pleasure in inclosing "A Medical *coup d'état* in Philadelphia," to show you how they do things in the "City of Brotherly Love," when law has to yield to force.

I am happy to inform the readers of the C. M. J. that the medical profession abroad will be represented in the Washington Congress by many of its most illustrious men. The American Medical Association will take no back steps at St. Louis, and if the few names of the American medical profession given in

the Journal are the only ones to be placated, and the success of the Congress rests wholly upon their sweet *ipse dixit*, then, as you say, "it would be better to abandon the Congress." When the medical savants of Europe come to Washington, they will be much surprised at the scientific papers presented and the discussion had upon their own papers, even should the "men eminent in their respective departments" fail to put in their appearance on the occasion.

Yours respectfully,

WM. BRODIE, M.D.,

President American Medical Association.

CORRESPONDENCE.

OUR PARIS LETTER.

CHRONIC ICTERUS RESULTING FROM BILIARY OBSTRUCTION—FOUR CASES OF LAPAROTOMY—PULMONARY TUBERCULOSIS TREATED BY INTRA-PARENCHYMATOUS INJECTIONS OF MERCURIC BICHLORIDE—CONGENITAL NON-PERFORATED HYMEN—PUERPERAL TETANUS—A RARE FORM OF SYPHILITIC EPIDIDYMITIS—MAGNAN AND JURANVILLE ON BOLDO GLUCINE, OR THE GLUCOSIDE OF BOLDO AS A NARCOTIC—A NEW PLASTER—"TAFFETAS BERTHAULT."

A man, 67 years of age, was admitted to the Saint Louis Hospital suffering from intense jaundice and pruritus. The whole integumental surface was of a uniform deep yellow. The conjunctival membranes were also a deep yellow. The tongue was furred; saliva bitter; all sense of taste had left him; there was pyrosis, but no constipation; normal temperature; pulse 72. The hepatic region was painful on pressure. The patient was always complaining of itching. On the right side, on a level with the union of the upper third of the ascending colon with the lower two-thirds, a tumefaction was observed, this was imperfectly limited and separated from the border of the liver by a distance of several centimetres. The patient was atheromatous; an analysis of the urine demonstrated that it contained large quantities of biliary pigment, but no albumen, the excrement was colorless. M. Barth diagnosed obstruction of the biliary ducts by a calculus or cancer. The tumefaction on a level with the colon was, in virtue of its special characteristics, not believed to be dropsy of the gall-bladder, the presence of a neoplasm was considered to be the most probable, and the diagnosis of cancer obstructing the biliary ducts was made. The condition of the patient did not change from the time he entered, tenth of January to the first of March, when he became ex-

sively low and languid, his tongue was dry, and he felt intensely sick. The stools continued discolored. On the fourth of March the skin was dry and hot, and the axillary temperature was 102°. The pulse always 72. The jaundice color grew darker, and presented a yellow-ochre tint. The breath of the patient had a peculiar strong odor, difficult to describe, but resembling that of horse-radish more than any other. The abdomen was tympanitic. The quantity of urine excreted in twenty-four hours became less. On the fifth of March the temperature was normal, but nervous depression was increased, on the sixth of March the temperature was lowered to 97°, on the eighth to 96°; the patient scarcely answered the questions he was asked. On the tenth of March his fecal discharges were black and contained blood. On the eleventh he was in a state of coma and died. Temperature was 97°. At the necropsy it was discovered that the tumefaction observed during lifetime was the gall-bladder much distended, and extending low down, reaching the angle formed by the ascending and transverse colon. Thus, the super-resonant area, which, on examining the patient, separated the tumefaction from the border of the liver, was accounted for; the orifice of the ductus communis choledochus was obstructed by a fungoid growth, also the Wirsung's canal, this neoplasm was situated in the orifice of the ductus in the ampulla of Vater. The histological examination proved the tumor a tabulated epithelioma.

M. Jeanuel read before the Paris Surgical Society notes on four cases for which he performed laparotomy, the first referred to a female patient, thirty years old, who was operated on for an ovarian tumor under difficult circumstances; puncture did not lessen the tumor. The whole cystic mass, therefore, had to be removed. After the operation there were symptoms of intestinal obstruction with stercoraceous vomiting, which persisted during six days. M. Jeanuel believed peritonitis to be the cause—the patient completely recovered. The second patient was operated on for a uterine myoma which was impacted in the broad ligament; the patient was forty-seven years of age, the tumor was of four years' standing, the patient recovered. The case of the third patient is an example of the difficulty that frequently exists in making a diagnosis. M. Jeanuel believing in the presence of an ovarian cyst performed laparotomy, but discovered that the real affection was a cancer of the small intestines, he therefore cut the intestines and made an artificial anus, the patient died soon after. The fourth patient was forty-seven years old, she was suffering from chylous ascites. M. Jeanuel made a careful examination and ascertained the presence of tumors with an unequal surface, he performed laparotomy for exploring purposes, and discovered that

a tumor was developed in the substance of the mesenteric ganglia, the abdomen was joined; the patient survived only a short time. M. Vernuel observed chylus hydroceles have a parasitic origin, chylus ascites may have the same; before operating it is advisable to make a histological examination of the fluid.

M. Gouguenheim has been treating pulmonary tuberculosis by making intra-parenchymatous injections of mercuric bichloride. On the left side and below the clavicle through the first intercostal space, the injection passes easily and safely into the lungs; on the right side through the two first intercostal spaces. In order to avoid all accidents it is necessary to make the injection at a distance from the sternum and the neighboring rib, in order not to injure the intercostal and mammary vessels and nerves, neither should it not be made too near the clavicle, or the subclavian vein may be injured; the subcutaneous veins should be avoided. The injection should be given slowly in order to avoid coughing and hæmoptysis, which sometimes results from a sudden irruption of fluid into the pulmonary tissue. Dr. Gouguenheim believes that these precautions prevent the occurrence of accidents. At the necropsies of patients, who had been thus treated, Dr. Gouguenheim had never observed any muscular, or pleural, or pulmonary lesions, which could be attributed to these injections. The Pravaz syringe used was cleaned antiseptically. This treatment was adopted with thirty-three patients, mostly in an advanced stage of phthisis; in twenty-one instances improvement was quick and undeniable; ten patients out of thirty died; among these, seven presented local modifications of lesion which were evident at the necropsies. The solutions injected were sometimes $\frac{1}{2000}$, sometimes $\frac{1}{1000}$, sometimes $\frac{1}{500}$. The injection fluid was always previously heated to normal temperature, 37° Cent. (Fahr. 98.6). One patient had hæmoptysis, and the injections were discontinued, another left the hospital while the treatment was going on.

M. Segoud, hospital surgeon, was called to a female patient, 21 years of age, who had been suffering five or six months from intense pain at the monthly periods; these crises of pain were greatly increased by measures adopted for provoking the menstrual flow; M. Segoud ascertained the presence of a tumor in the abdomen, which reached as far as five centimetres above the umbilicus, he also observed that the vaginal orifice was obliterated by a protruding purple fluctuating mass, resulting from the excessive distension of a membrane which was evidently the hymen non-perforated. The patient was anæsthetized, and M. Segoud made a narrow puncture in the centre of the hymeneal membrane and the accumulation of menstrual fluid

which constituted the tumor slowly flowed away ; when there were signs that this was inclined to stop, the puncture was changed into a crucial incision, and the operator facilitated the expulsion of the contents of the vaginal sac by exercising a gentle and gradual compression on the abdomen by means of slowly tightening a wadded bandage which encircled the body. After half an hour had elapsed all the fluid was apparently evacuated, a very gentle irrigation was effected, rather than injection, with a solution of corrosive sublimate of one to 2000 ; a plug of wool impregnated with carbolic acid was then placed in the vulva. These gentle irrigations were continued daily for a few days afterwards at an interval of a day or two ; on the fifth day mercurial stomatitis appeared, and the solution of bichloride of mercury was replaced by a mixture of water and alcohol in equal parts. The stomatitis disappeared spontaneously in a few days, no febrile symptoms developed and the patient was discharged cured in three weeks. The patient menstruated regularly after the operation.

A woman, 34 years of age, was admitted into M. Jaccoud's wards of the Pitié Hospital to be treated for tetanus and died five days later on. Three months before her admittance to the hospital she became pregnant with her fourth child ; everything went on naturally, her health continued excellent, when on the 29th she was excessively agitated and miscarried ; during the three or four following days her condition presented nothing unusual under the circumstances, but on the fifth day, December 14th, she had great difficulty on opening her mouth, the next day the difficulty became an impossibility ; she had also a sensation of stiffness in the back, and breathing required a greater muscular effort ; two days subsequently she entered the hospital and chloral was immediately administered ; nevertheless the next day trismus was more pronounced ; the muscles of the neck were not at all rigid, but those in the sacro-lumbar region also the rectus abdominis muscle were very contracted and excessively painful. Her temperature when she was admitted was 99° Fahr., rose to 100.8 Fahr. The muscles became permanently rigid, and occasional spasms increased their contraction and heightened the pains ; rupture of the muscles, which sometimes happens, seemed imminent ; when these spasms occurred, not only contracture was increased and the pain became more violent, but the muscles previously unaffected became contracted. These features of the contraction during the spasms were so evident, that the diagnosis of tetanus was unmistakable. Chloral was given to the patient in potions and in injections, the doses reached to thirteen grammes. On the 8th of December the patient appeared to be slightly improved, there was a

slight decrease in the muscular rigidity ; chloral was increased. On the 9th of December the temperature increased to 102.2°, the tetanic contraction extended to the other muscles of the body and those of the lower limbs. When the patient was raised up she remained rigid in the attitude she was placed in, yet the diaphragm contracted. The patient died on the 10th of December, five days after the first symptoms were exhibited. M. Jaccoud attributes the tetanus to the uterine wound resulting from the miscarriage.

M. Paul Reclus, hospital physician and Professor Agrégé at the Paris Medical Faculty, publishes a rare case of syphilitic epididymitis. The patient was a medical student, 18 years of age, who consulted Dr. Reclus in November for tumefaction of the testicle, which had commenced in August previously, and had increased in consequence of the patient walking and undergoing fatigue. The epididymis was a compact mass, and surrounded the testicle, the vas deferens was moniliform, the patient was puny, weak, and had night-sweats. The diagnosis was tuberculous epididymitis. A suitable treatment was prescribed, also a season at Salis de Béarn, but the patient's condition grew worse ; a tumor appeared on the tibia, and the tumor of the testicle ulcerated. When the patient again consulted Dr. Reclus, three months later on, the right testicle was evidently syphilitic. Six grammes a day of potassium iodide produced rapid improvement ; the left testicle presented a fungoid growth, which was ultimately eliminated, and cicatrization soon after took place. Thus there can be supuration of syphilitic testicles, notwithstanding M. Gosselin's opinion that there cannot be. It is rare to see syphilis of the testicle commence with lesions of the epididymis. Syphilitic epididymitis, described by Dron, Fournier, and Balme, differ from the case described by M. Reclus. These authors observed small tumors, nuclei disseminated in the epididymis. M. Reclus diffused infiltration, which occurred early in the course of the disease, as the gumma appeared seven months after the onset of syphilis. The treatment adopted was thoroughly successful, the tibial tumor disappeared in a week and the syphilitic sarcocele in a fortnight.

In 1884, M. Chapoteaut extracted from boldo a substance which, when submitted to reagents, behaved as a glucoside. It was first tested on dogs, and afterwards on patients in M. Magnan's wards ; doses of two, four, six, and eight grammes were given in draughts, capsules, or in rectal injections. Boldo is a powerful narcotic, without any attendant disagreeable results. A patient of M. Magnan, at St. Anne's Asylum, who suffered from hallucination and passed sleepless nights in a great state of distress and excitement, produced by imaginary tormentors, slept soundly when she

took two grammes of boldo. This was discontinued during a period of ten days, and her old sufferings returned. She implored to have the capsules given to her again, and she then passed tranquil nights. Dr. Juranville, in a short memoir on boldo, describes ten similar cases. This substance is a hypnotic agent, producing sleep similar to natural sleep; there is an absence of anæsthesia; the respiration is normal; less carbonic acid is exhaled than when awake; the brain is also less congested than during waking hours. Administered to insane patients, boldo produces sleep in patients who had been long worried by insomnia.

A new article for dressing for wounds, called Taffetas Berthault, has just been brought out, which is considered to be superior to the adhesive plasters hitherto used. It is as transparent as glass, and as thin as the skin of an onion. The condition of the surface covered by it is as easily seen as though it were uncovered. This plaster is as elastic as India-rubber. It cannot be traversed by fluids, and is unaffected by change of temperature. Chemically, it is inert, neither changed by acids, alkalies, nor the secretions of the human organism.

MEDICAL NEWS AND MISCELLANY.

DR. L. WEBSTER FOX has removed to 1304 Walnut Street.

DR. H. E. GOODMAN has removed to 1509 Walnut Street.

As we go to press, we learn with great regret of the sudden death of Dr. Austin Flint, Sr., of New York.

DR. FRANK L. JAMES has assumed editorial charge of the St. Louis Medical and Surgical Journal.

DRS. E. R. SQUIBB and John Ordroneaux have resigned from the Medical Society of the State of New York.

DR. W. L. RICHARDSON has been elected Professor of Obstetrics in the Medical Department of Harvard University.

THE third annual meeting of the Ohio State Sanitary Association was held in Columbus, on February 24th and 25th.

DR. ALFRED C. POST, President of the Medical Department of the University of the City of New York, died on January 7th.

PROFESSOR THEOPHILUS PARVIN gave a brilliant reception on January 12th, at his residence, 1714 Walnut Street, to Dr. Thomas Addis Emmet.

DR. EDWARD S. STEVENS, Harveysburg, Ohio, has been awarded the Boylston prize of 1885, for his essay on "The Best Preliminary Education for the Study of Medicine."

THE LONDON MEDICAL TIMES AND GAZETTE, which so bitterly assailed the American Medical Association, has suspended publication. We wonder where I. Minis Hays and George F. Shrady will go for consolation now.

DR. A. C. MOORE (Medical Press of Western New York) states that he delivered a lady of a large, well-developed, full-term child, just *two hundred and ninety* days from the time when he had previously delivered her of another full-term child.

DR. R. C. KENNER (New England Medical Monthly) says his experience with the syrup of yerba santa is such as to warrant him in saying that it deserves the confidence of the profession as a menstruum whereby the sulphate of quinine can not only be rendered tasteless but absolutely palatable. Five grains of quinine is rendered tasteless in one drachm of the syrup.

THE PHILADELPHIA CLINICAL SOCIETY has elected the following officers for the ensuing year: President, Dr. John B. Roberts; First Vice-President, Dr. Clara Marshall; Second Vice-President, Dr. Daniel Longaker; Treasurer, Dr. L. Brewer Hall; Recording Secretary, Dr. I. G. Heilman; Corresponding Secretary, Dr. Rebecca S. Hunt; Reporting Secretary, Dr. Mary Willits.

MEDICAL SOCIETY OF THE STATE OF PENNSYLVANIA.—The thirty-seventh annual session will be held in the city of Williamsport, June 2d, 3d, and 4th. As the programme for the session must be distributed one month before the holding of the meeting, those who propose to present papers will please forward the title and a brief abstract of the same at an early day. No voluntary paper is allowed to exceed twenty minutes in reading. T. H. Hellsby, Chairman of Committee of Arrangements; Wm. B. Atkinson, Permanent Secretary.

INTERNATIONAL MEDICAL CONGRESS.—The London Lancet has, with wonderful clearness, perceived the true inwardness of the difficulty respecting the International Medical Congress, and accorded to its managers a hearty support. Better than most of the large American weeklies has it defended the honor of the American medical profession. Indeed, while these have been using every influence in their power to serve a small clique in the profession, and so eternally disgrace the country in which they live, an alien medical journal has exerted its vast power for the credit and glory of American medical men. All honor to the London Lancet.—*American Lancet.*

MISTLETOE AS A PARTURIFACIENT.—Dr. G. V. Hale (Texas Courier-Record of Medicine) thinks that the preparations of mistletoe (*Phoradendron Flavescens*) will be found to have a parturifacient effect equal, if not superior, to that of either ergot or gossypium. Dr. Hale has given the fluid extract in doses of twenty to forty minims every twenty minutes in several cases of tedious labor with the happiest result. In one case, occurring in a woman aged thirty-seven years, fifth confinement in which hard pains, simulating those of labor had existed at long intervals for some two days, followed by a sudden gush of liquor amnii and then a complete cessation of any pains for two hours, an exhibition of this preparation in the manner indicated above, was followed in less than an hour by effective contractions, and the birth of a nine pound male child in less than two hours thereafter—the shortest labor ever experienced by the grateful patient.

THE INTERNATIONAL.—The bulk of the profession of America are asking themselves how far the deserters will go to ruin the International Medical Congress meeting, which is to be held in Washington, D. C., in 1887. They have stooped to all that is mean and contemptible in ethics, seem to have lost all the fine instincts of gentlemen, and since the meeting of the Philadelphia County Medical Society, a short time ago, they seem to have slipped into the ways of the ward politician with an ease and familiarity which is truly remarkable. The scene at that meeting, packed with students from the colleges, was disgraceful in the extreme, and will act as a boomerang by returning with a force which will eventually crush them. Their attempt to capture the American Medical Association will prove futile. The force of public sentiment is against them, and if they are wise, we advise them to stop before it is too late.—*New England Medical Monthly*.

INTERNATIONAL MEDICAL CONGRESS.—The profession is evidently becoming disgusted with the attacks upon the American medical profession in its endeavors, by regularly appointed delegates from each State in the Union, to place in proper shape the arrangements for the next International Medical Congress. Those journals that have acted as mouth-pieces for the ring which claims to possess all the ability in the American profession, will do wise to fill their columns with other matter. If the managers of the Congress are all ignorant and brainless, their work will make this sufficiently evident. If they are capable and honest men, let them spend their money and talents in the endeavor to make the Congress a credit to America. All obstructionists to this end should step aside if they cannot in conscience help on the good cause. On all sides we hear

demands of the profession, that this senseless vituperation cease. Or, if they think best, let those who are dissatisfied with the arrangements for the coming Congress, organize one on their own account. Unquestionably, they could produce excellent results, at which all the medical world would rejoice. True, it would seem like a house divided against itself, but this would be far better than the exercise of their fine powers in defaming others, and the profession at large.—*American Lancet*.

INTERNATIONAL MEDICAL CONGRESS.—The Medical News says the International Medical Congress difficulty has inflicted a widespread injury upon the medical profession. Amen. In the production of this injury the Medical News has been a potent factor. It will be a long time before the large mass of the medical profession interested in the proper organization of the International Medical Congress forget the villification heaped upon it for the past six months by the New York Medical Record, the New York Medical Journal, and the Medical News. If it were possible for medical journals to utterly disrupt the medical profession of this country, and make it contemptible in the eyes of the world, these journals would have accomplished it. They and their adherents seem to have been animated by the "rule or ruin policy." As for the Congress itself, let those who are willing to work with those having it in charge do so, and let those who are not willing so to work attend to their own business. Each, in so far as they are really honest in their beliefs, can afford to abide the results which two more years will bring about. But by all means let this persistent villification cease. To all fair-minded persons it looks as if the outs were kicking, calling names, etc., simply because they are out. It has occurred to us that they might be benefited by a review of the political career of Roscoe Conkling and his colleague, who resigned from the United States Senate, but were not re-elected.—*American Lancet*.

THE ÆTIOLOGY OF ACUTE CORYZA.—Dr. John M. Batten (Journal of American Medical Association) says, The fact that rhinitis, pharyngitis, laryngitis, and bronchitis or so-called catarrh are caused by micro-organisms and not by cold, was forcibly impressed on my mind about two weeks ago. For the last month there has been a great deal of wet weather in Pittsburgh, and this together with the fact that many of the streets of the city have been dug up for the purpose of laying gas and water pipes, setting free these micro-organisms, which, as I believe, have been the cause of a sort of endemic of catarrh which has been prevailing here for the last month. These micro-organisms seem to have found their favorite lodgment in the mucous membrane of the nose,

pharynx, larynx or lungs, thereby causing the numerous cases of catarrh which have been prevailing in our vicinity recently.

The fact that quinine taken internally in 5-grain doses has been the most effectual treatment in these cases of catarrh, has further induced me to the belief that parasitic organisms are the cause of the so-called catarrh. How quinine operates as a parasiticide, whether locally, or more remotely by the circulation, I am unable to say; but I am pretty confident that it acts effectually. It has been my custom to prescribe 5 grains of sulphate of quinine three times a day for two days, and the cold then would be pretty thoroughly broken up.

These facts I offer as bearing out the suggestions as to the ætiology of acute coryza given by Dr. Austin Flint, Sr., in an article in *The Journal*, of November 14, 1885.

INTERNATIONAL MEDICAL CONGRESS.—At a regular meeting of the Montgomery County Medical Society (Pa.), September 23, 1885, the following preambles and resolution were adopted, with but one dissenting vote:—

WHEREAS, The American Medical Congress has invited the Triennial Congress which convened in Copenhagen in 1884 to hold its next meeting in this country in 1887, which invitation was accepted; and,

WHEREAS, Certain eminent and worthy members of our profession in some of our large cities are dissatisfied with the arrangements made by the Association for the government and management of the Congress and its personnel, and by their hostility are fomenting discord among the members of the profession in this country, which may imperil the success of the Congress, therefore,

Resolved, That we approve the action of the American Medical Association on this subject at St. Louis, in 1884, and at its meeting in 1885, and also the recent action of its committee on September 3d, in New York, and that as individuals and as members of the Montgomery County Medical Society, we will do what lies in our power to aid the American Medical Association in its efforts to make the Triennial Congress a success.

C. Z. WEBER, M.D.,

Recording Secretary.

—*Medical and Surgical Reporter.*

DIPHTHERIA—FREQUENT SMALL DOSES OF SULPHUR.—Dr. H. V. Knaggs (*Provincial Medical Journal*) says:—

I desire to direct attention to a remedy which, so far as my experience goes, has hitherto yielded uniform successful results, and which, in addition, would appear to confirm the researches of Klebs and others as to the cryptogamic origin of this much dreaded complaint. I allude to the treatment of diphtheria by sulphur.

More than four years ago my father employed this agent with magical effect in a case which was, at that time, regarded as desperate, the ingravescence of the symptoms hourly increasing under carbolic and other applications; but by the sulphur treatment employed in the manner I here advocate, the patient (a youth of thirteen) made a rapid recovery. Since that time both my father and I have treated similarly a large number of cases; and though many of them have been of a severe character, some even with laryngeal complication, and accompanied by lividity of skin, yet in not a single instance has a fatal termination occurred, and in remarkably few of them have sequelæ, even in the mildest and most transient forms, resulted.

Sulphur in any pulverized form will answer the purpose, but it will be found best to suspend it by means of mucilage, and to sweeten or flavor the mixture to the palate, in order that the patient may be induced to sip it frequently. We generally put about fifteen grains of milk of sulphur to each fluid ounce, and, at the commencement, the sufferer takes from a teaspoonful to a tablespoonful (according to age) every hour, half hour, or even oftener if the case be urgent, afterwards at less frequent intervals.

THE INTERNATIONAL MEDICAL CONGRESS.—The success of the Congress is now assured. All opposition has disappeared, and the profession in America are now united in one common aim to make the Congress worthy of America. We quote with pleasure the following words from the *Medical News*, the mouthpiece of the small clique who tried to wreck the Congress: "The time has now arrived when honor rises superior to all other interests, and demands that we shall combine for international purposes, and make good the invitation which, in the name of the medical profession in this country, was extended to our brethren in foreign lands, to hold their next Congress at Washington. The occasion is one for the display of the highest patriotism, and the end to be attained is worthy of the greatest sacrifices." It is a great pity the *Medical News* did not take this view before; however, it is never too late to mend, and we hope the *Medical News* will continue to act in harmony with the profession in America. The views of the European press have been very clearly pronounced by ourselves, the *Lancet*, *British Medical Journal*, and *Le Progrès Médical*, and have been consistent in support of the action of the American Medical Association. The only paper taking contrary views worthy of notice was the *Medical Times*, now defunct. The Congress will be held, then, under the presidency of Dr. Austin Flint, whose name alone is enough to disarm all opposition; and as Dr. Austin Flint will be at the Brighton meeting of the British Medi-

cal Association, he will be able to tell those who have been in any doubt about the Congress, the true causes which disturbed the initiatory movements.—*Provincial Medical Journal*, Leicester, England.

JABORANDI AS A GALACTAGOGUE.—Dr. John H. Lowman (*Cleveland Medical Gazette*) reports three cases of deficient lacteal secretion in which the galactagogue effect of jaborandi was well marked. The first case was a multipara, thirty-five years of age, of fair health, but not well nourished. The babe was two weeks old at the time of this observation, and in good condition. The secretion of milk by the mother began gradually to fail until not one-third the average quantity was produced. The child was then nourished artificially. The fluid extract of jaborandi was given to the mother. The dose was eight minims every three hours. About fifty minims were taken in twenty-four hours. On the second day of the administration of the drug the milk increased in quantity. By the third day it had increased still more, so that the child had nourishment from the mother sufficient to satisfy it. Increased salivary and cutaneous secretions led to a discontinuance of the drug. The milk flowed in good quantities for eight days, and then rapidly diminished. Jaborandi was again used. The plan of administration was the same. Increase of the milk was again noted. The renewed activity of the mammary glands continued for five or six days only. For a third time the drug was used, and its use followed by good effects. In the mean time iron, quinine, and mineral acids were also given, and the general health of the patient improved. The secretion of the glands then remained normal for three weeks, after which the patient passed from observation. During the last two weeks no jaborandi was used.

In the other two cases, which occurred in primiparæ, the results obtained were even more gratifying.

A CASE OF ARSENICAL POISONING RELIEVED BY DIALYZED IRON.—Dr. Wm. C. Wile (*New England Medical Monthly*) reports the following instructive case of recovery from arsenical poisoning: I was called at midnight on December 13th to see a woman who had taken a large dose of Paris green, with suicidal intent. On arriving at the house I found her prostrated from the effects of some severe shock. She was vomiting. The surface was cold and clammy, the respiration rapid, pulse small and thready, countenance anxious, and every evidence of a rapidly approaching dissolution. In the matter vomited I found quite a quantity of green substance, which, on examination, proved to be Paris green. Recognizing the urgency of the case, I introduced the stomach-pump, and rapidly emptied the

stomach, washing it out thoroughly, removing quite a quantity of the poison. I then gave her half a pound of dialyzed iron, and proceeded to restore the heat to the body and to get reaction to set in, with the external application of heat, stimulants, rubbing, etc. At 6 A.M., the patient had become quite comfortable, and in two days was out of bed. The iron was continued in tablespoonful doses for six hours, and then all medication ceased, except that glycerine and water were given in order to relieve the terrible dryness of the throat.

Three days after the dose was taken an eruption came out over the whole body, that resembled hives more than anything else. I should estimate the quantity taken to be about one ounce.

I report the case not on account of its rarity, but because it adds another to the list of cases that have recovered under the use of dialyzed iron, which I consider quite as effective as the hydrated sesqui-oxide.

RHUS AROMATICA AS A HÆMOSTATIC.—Dr. W. R. Harrison (*Medical Age*) says Mrs. A. R., aged 47, applied for relief from severe menorrhagia. I used all the ordinary means, local, such as the tampon, sugar of lead, etc., and also internal, having given amongst other remedies large doses of ergot of different reliable brands. The treatment had little or no effect, the case only getting better as the menses naturally disappeared for the time being, and in the course of one or two months the same thing would be gone through with again. In the mean time a bottle of fl. ext. rhus aromatica (P. D. & Co.) was left as a sample and I determined to give it a trial. I gave it in about 10-drop doses repeated about every three or four hours, and before the patient had taken four doses she was much better and very shortly the hemorrhage stopped entirely. This happened over a year ago, and the lady is now alive and well. She was troubled subsequently to some extent each month for several times, but not so severe as before, and the same remedy helped the case after taking two or three doses each time. She now keeps a bottle of it in the house and would not be without it on any account.

Mrs. B. M., carpenter's wife, delicate, approaching the change of life. Sent for me, complaining the same as the above case. I went through the same plan of treatment, such as giving ergot, etc., with better result than in the previous case, but still the hemorrhage was such every month as to badly exhaust the patient. I then resorted to rhus aromatica in the same doses as in the previous case and with the most happy results. The hemorrhage came under control much more readily and effectually than it had done under the usual line of treatment.

I have reported my experience to other medical men in the neighborhood and their experiments have resulted very similar to mine. I also know of cases in which other physicians have used the drug in from five to ten-drop doses in cases of hemorrhage from the kidneys and with very good results.

THE COLD COMPRESS.—Among the therapeutic measures in vogue in Germany there is none which attracts the attention of the American physicians so eminently as the water-compress. It is no fable that the "compress," as it is briefly called, is prescribed for every affection of the throat and lungs; for a clinical experience of nearly three months in the Charité and other hospitals convinced your correspondent that it is the first thing ordered in nearly every ailment of the respiratory tract. A piece of linen, being of the size of a napkin if intended for the throat, or of the size of a towel if intended for the lungs, is dipped into cold—not lukewarm—water, applied to the desired locality, and retained *in situ* by means of a woolen shawl or oil-silk, and renewed every half hour. A poultice is never exhibited for these affections. The compress, as may be expected, has also become the treatment in every household, and is quite familiar to every mother and nurse. Your correspondent has taken especial pains in tracing the therapeutic results of this procedure—which, of course, is often accompanied by medicinal treatment—and feels highly gratified with the results observed. The value of this hydropathic procedure consists in the frequent renewals and prolonged application—extending often over two or three days—of a medium which not only abstracts the surplus of heat in the part, and by its secondary physiological action dilates the vessels of the integument, and thus relieves the engorged internal parts, but which also has an undeniable invigorating influence on the nervous system. It seems superfluous to add that strict individualization is—as in all hydropathic procedures—an indispensable requisite in the application of the cold compress. If in a patient the nervous energy is profoundly lowered, the application of cold would naturally only deepen the existing prostration and lessen the resistance against the disease. If, however, we deal simply with a loss of innervation, the usual incumbent of nearly every affection, the application of cold would prove a powerful stimulant to the nerve-centres, and alongside of the above-mentioned local effects of the application, materially fortify the chances of recovery.—*Therapeutic Gazette, Berlin Correspondence.*

VERATRUM VIRIDE IN PUERPERAL CONVULSIONS.—We have often been surprised at the little acquaintance many practitioners, who are usually well posted as to advances in medicine, show in regard to the use of veratrum viride

in puerperal convulsions. Few, if any, of our distinguished Eastern professors or authors of text-books on midwifery give more than a passing mention of the fact that this drug is used by some "country practitioners" for puerperal eclampsia. But the records in favor of its adoption as the principal remedy in this disease are so convincing that we feel we but do a serviceable thing in calling attention to the subject. These favorable reports come mostly from practitioners in the Western States.

Our attention has been specially attracted to this subject at this time by noticing reports of the two cases appended by Dr. F. K. Powell, of Dancyville, Tenn., in the Transactions of the Medical Society of the State of Tennessee, for 1885. His first case was the wife of a farmer, and occurred in 1881. She was a primipara, plethoric, having a headache, full, bounding pulse, etc. In a few minutes after his arrival, she had a severe convulsion. She was first freely bled, and then he gave her ten drops of tincture of veratrum viride combined with potassium bromide, and repeated the dose at intervals until her pulse was controlled. She had no convulsions after time had been allowed for the medicine to act. In a short time the os dilated, pains grew stronger and more effectual, and she was delivered of a well-developed boy in a few hours, without any further trouble. Treatment was continued for some time after the child was born.

His next case was a negro woman—a primipara—and had had frequent convulsions for a day before he saw her. She was half unconscious; her pulse was full; pains weak; os dilated and rigid, and the indications portended a tedious and difficult labor—such a one to relieve which many authors would advise turning and delivery. The patient was bled, and ten drops of tincture of veratrum viride were given at short intervals until the pulse was controlled. It acted like a charm. Labor occurred on the next day without any symptoms of a convulsion.

The doctor adds the advice to use fluid extract of veratrum viride hypodermically when the woman is unconscious. He was led to try the remedy by the great success he had had with it in subduing convulsions in children suffering from malarial fever. These reports are valuable when taken in connection with many cases reported by different physicians during the last few years.—*Virginia Medical Monthly.*

THE following correspondence in reference to the Ninth International Medical Congress we clip from the Journal of the American Medical Association:—

TO THE EDITOR OF THE JOURNAL:

Dear Sir: There is one significant fact in this matter of the next meeting of the International Medical Congress, which has not attracted

attention, which to the writer seems important, namely, the undue haste exhibited by the Original Committee of Seven to get out their work *ad captandum vulgus*. The editor of the Philadelphia Medical News, in his specious editorial reply to "Country Doctor" in his issue of January 30th, although he was one of the seven, carefully abstains from any explanation of it.

These seven, whom he with characteristic modesty describes as "the most eminent contributors to the advancement of medical science in the country in which the Congress was to meet," were commissioned by the American Medical Association in May, 1884, to go to Copenhagen and invite the Congress to hold its next meeting in this country. They satisfactorily performed this office, and through their spokesman promised the members a generous welcome, he pledging himself to do a variety of things without reservation (expressed, at least), as to the contingency of his not being allowed to have everything his own way (I do not mean the editor of the Medical News). They hied homé, went to work upon an organization which showed the evidences of the personal preferences and enmities of some of the individual seven, and published all over Europe their cut-and-dried scheme for a meeting which was not to take place until 1887, without waiting the few weeks before the meeting of the American Medical Association, to report their work to that Association, in whose name, by whose authority, and under whose appointment only they had anything whatever to do with the matter. . . .

If the American Medical Association cannot be trusted with the task of organizing the Congress, in the name of the whole medical profession of this country, through its present Executive Committee, certainly the Original Committee of Seven, also appointed by it, can allege still less sanction for their dictatorial proceedings. When the editor of the Medical News, who was also one of the Seven, "one of the most eminent contributors to the advancement of medical science" in his country, Member of the General Committee and Chairman of the Executive Committee, writes to "Country Doctor" that "at both the London and Copenhagen meetings irregular physicians are known to have inscribed their names on the register and the fact did not in the least disturb the Committee on Organization or detract from the success of the meeting," does he intend the medical profession to understand that subscription to the Code of Ethics of the American Medical Association does not mean, so far as he and the rest of the Original Committee of Seven are concerned, an honest, manly belief in its principles, acceptance of its restrictions and observation of its obligations, at all times and under all circumstances, but that he and they did similarly intend

not to be in the least disturbed when irregular physicians inscribed their names on the register, and to sit in cheek-by-jowl fraternity with them in a way no New York New Coder ever dreamed of doing? In this country, be it remembered, the homœopath is not the only species of the irregular physicians, but the eclectic and electric—the botanic and the hygieio-therapeutic—and a dozen more, are just as legally recognized as the editor of the Philadelphia Medical News.

MEDICUS.

THE THERAPEUTICS OF NUX VOMICA.—Dr. J. H. Musser (Therapeutic Gazette) says nux vomica is eminently of service in dyspepsia of the atonic variety, with or without depression of spirits, hypochondriasis, headache, weight on the head, and other nervous phenomena. It is in these cases that increasing doses are of value. I believe this good effect to be due not alone to the local irritant effect of the drug, as suggested by Ringer, nor to its tonic influence on the muscles and bloodvessels, but to its systemic effect, whereby reflex excitability of the spinal and vaso-motor centres is increased. Digestion is eminently a reflex process. This is seen from the efforts of mastication, throughout the entire process, to that of defecation. Now, it seems to me that atonic dyspepsia and slow digestion, with the train of morbid symptoms that arise therefrom, are due primarily to torpid nerve-centres. They do not respond to the stimulus of food, and hence refuse to send the requisite amount of blood to the glands by virtue of their influence on the vessels, or to stimulate glandular secretion. In fact, this element of diminished reflex excitability may be present, and it seems rational to think so, in all forms of dyspepsia, whether from general debility, the excessive use of indigestible articles of diet, or of stimulants. In these cases it is requisite to get the full effect of the drug. Likewise, in the dyspeptic symptoms that belong to heart disease, bronchitis, or cirrhosis of the liver, the good effects of nux vomica are no doubt on account of its tonic effect on the bloodvessels. In gastric catarrh, on the other hand, small doses of the drug should be used to secure its local irritant action. It seems to me the same theory, the increase of reflex excitability, may partially explain the good effect of this drug in constipation.

As a respiratory stimulant the action of this drug is well known. I once ordered it to a young girl in doses of twenty drops, and was surprised to find her father had had the bottle replenished twice for a cough. On the occasion of his third visit he confessed it was the best cough mixture he had ever had. Emphysema and chronic bronchitis were the cause of his cough. Last winter the nux vomica kept at work the entire season and enabled to walk long distances a man who, for years previously, would lose weeks and weeks each season

on account of asthma and emphysema. His "wind" improved wonderfully, and his great boast was his ability to walk home with his fellow-workmen at their gait. I could readily repeat many instances of the value of this drug where respiratory stimulants are indicated.

In mental and physical depression due to prolonged excitement this drug is of value. One of my students took from sixty to eighty drops daily of the tincture, and thereby successfully tided himself over a period of great strain. In fact, he studied harder and kept later hours than at any other examination period, and with less detriment to his health. He is myopic and astigmatic, and this was the first time he came out of his studies without suffering from eye-strain. The doctor writes me that he has used the drug since in practice under similar circumstances. For instance, he helped along well a young society girl, who was unusually busy with engagements, until the rush was over. The uses of the drug are as dangerous, however, as the use of any stimulant, and should be given only on extraordinary occasions for the purpose indicated. Its use as above serves to show its power as a nerve-stimulant.

It has recently been the custom of students of medicine to take caffeine to keep them awake for study. My observation of the students who had taken one of these drugs was favorable to the use of *nux vomica*. The ones who took it came off with much better health and less nervousness than the caffeine-eaters.

Many patients complain of being more tired on rising in the morning than when retiring. This has disappeared frequently on a course of *nux vomica*. I have also the records of cases of spasm of the œsophagus, of excessive flatulency, of nervous depression, characterized by fear, by ready excitability, by mental lethargy, irritability, etc., and of forms of hysteria—occurring late in life especially—which were improved by this drug.

There are, of course, other well-known uses for this valuable drug, which time and space will not permit me to detail. In small and frequently repeated doses it has been recommended to be used, but I confess I have never had any good results from its use in this manner. Ringer recommends it in acute gastric catarrh, with "sick headache" and slight nausea, only in doses of one drop, in water, every five or ten minutes, until eight doses are taken. It may be a mere coincidence, but, nevertheless, in every instance of a similar character in which I used it, it caused vomiting without any relief.

The following are some of the conclusions which may be drawn from the above statements:

1st. The effects of *nux vomica* are in inverse proportion to the age of the patient; the susceptibility increases with the age.

2d. The usual doses of the tincture indicated in the text-books are inadequate for many practical purposes, and do not represent the usual dose of strychnine.

3d. It is a powerful and rather transient stimulant.

4th. The best therapeutical effects can be secured in many cases only by pushing the drug almost to the physiological dose.

5th. The system soon becomes accustomed to its use, and the dose must be increased.

6th. The good effects in dyspepsia are largely due to its power to heighten reflex excitability.

SANGUINARIA.—Dr. L. B. Anderson (*Therapeutic Gazette*) says: When I began the use of sanguinaria I used a saturated tincture of the recent root. I gave it in all portions from five drops up to a teaspoonful, and discovered no unpleasant effect from the largest doses, save a slight nausea, speedily followed by quietude or prompt emesis. I gave it to children three days old, and to others in all decades of human existence up to ninety. It would, when freely given, always promote a free discharge of mucus from the nasal pharyngeal, laryngeal, and bronchial mucous membranes in diseases of those tissues. Hence in nasal catarrhs, accompanied with symptoms of recent colds, such as headache, pain in the back and limbs, dryness about the nares and throat, feverishness, and chilliness, I have often given a teaspoonful of the tincture in a wine-glass of sweetened water at bedtime, and found the patient entirely relieved the next morning. In the so-called "hay fever," when freely given in its early stages, it has often effected a cure in persons who had annually had attacks lasting for weeks, despite all the remedies they had used. A few weeks ago a case of this sort came under my care which had lasted two weeks before I was consulted, and under the use of sanguinaria, with an occasional dose of blue mass and insufflation of hot soda-water, the disease was cured in two weeks. To a child a year old, who awakes during the night with a sense of suffocation, arising from laryngeal stricture, accompanied with a frequent ringing, metallic cough and fever, twenty drops of the tincture given every fifteen minutes till emesis ensues generally affords entire relief in an hour or two. So uniformly efficient has this remedy proven in croupal coughs that I have found nothing else needed. When, however, the disease has progressed until tumefaction of the tissues has occurred from infiltration into the submucous cellular tissue, I no longer rely exclusively on the sanguinaria, but while continuing that in small and frequently-repeated doses, with small portions of chlorate of potassium, I give a very large dose of calomel, which generally relieves in a few hours very desperate cases.

In all stages of whooping-cough, in the incipient stage of bronchitis and the second stage of pneumonia, and in all stages of phthisis pulmonalis, I have often found sanguinaria to meet indications which nothing else would fill. In measles, rotheln, and the malignant throat-troubles of scarlatina, it frequently subserves a purpose which nothing else will accomplish. But in much-dreaded and so often fatal diphtheria, I know of no agent which is at all comparable to it. I have had cases in families in which diphtheria of a very malignant form was prevailing, seized with violent sore throats, croupy coughs, high fever, and a violent sense of prostration, take the tincture or syrup of sanguinaria in large and frequently-repeated doses until free vomiting was effected, when copious streams of ropy mucus mingled with a large quantity of foamy bile would be discharged, affording entire relief of all the symptoms. When called to a case which has progressed to the formation of the diphtheritic membrane on the fauces, I give a large dose of calomel, and administer sanguinaria in medium doses every hour, and frequently cast upon the tongue a small portion of an impalpable powder composed of sac. alba and chlorate of potassium two to one. If the fever is very high, I give also—

R. Spts. nitrous ether	℥j.
Fl. ext. ipecac.	℥j.
Tr. aconite root	℥j.

M.—Ten to twenty drops every hour, with sanguinaria.

And if there be a distinct remission of fever in the morning and an exacerbation in the evening, I give quinine during the intermission to arrest the anticipated febrile paroxysm. But all the while I give sanguinaria as my sheet-anchor. Under this general plan of treatment of children, eschewing all ferruginous preparations as purely empirical and unphilosophical, and giving quinine only as a neurasthenic when the fever has assumed a periodical form, eschewing all moppings as only calculated to irritate the inflamed and sensitive mucous membrane, and using external inunctions of camphorated oil, covered with a flannel around the neck, I have met with such gratifying success as to render it undesirable to change it. In a paroxysm of asthma it is incomparable.

The great question which most interests the therapist is, what is the *modus operandi* of this agent that makes it so efficient in such formidable complaints? The most obvious effects are an increased secretion from the respiratory mucous membranes. This impression extends more or less to all the mucous tissues, as is evinced in its sanitive effects in aural catarrh, obstruction of the liver ducts, and the dry condition of the gastric and intestinal mucous membranes,

in typhoid fever, in which condition the sanguinaria often exerts a very salutary effect. This result seems to spring from the influence the agent exerts over the vaso-motor nerves, controlling the capillary circulation in the mucous membranes as well as the organic nerves, through which the nutrition of the parts is accomplished. That such is the case we deduce from the effect of a full dose at bedtime in an incipient catarrh, and a rapid resolution of pharyngeal and laryngeal inflammation in incipient croup and diphtheria. When, therefore, the grade of pharyngeal inflammation has become so intense as to cause a rapid exosmosis and organization of fibrin, thus forming a false membrane, whatever will restore the circulation, reestablish a healthy nutrition, and resolve the inflammation, must arrest further exudation, cut off nutrition from the false membrane and cause it to die and slough off. In sanguinaria we have an agent which fortunately meets these indications in a most gratifying degree, and often accomplishes these results more successfully than any other agent I have ever used or seen used.

PURE TEREbene IN THE TREATMENT OF WINTER COUGH.—Dr. William Murrell states in the British Med. Journal, December 12, 1885, that he has notes of one hundred and fourteen cases of winter cough which were all treated with pure terebene, a substance prepared by the action of sulphuric acid and oil of turpentine. He states that it is an agreeable remedy, being a clear, colorless liquid, with an odor like that of fresh-sawn pine wood. It will not mix with water, but as the dose is small it can readily be given on sugar. This must not be confounded with the patent medicine sold under the name of terebene. The best method of indicating the sphere of action of this drug and of illustrating its utility will be to give a brief abstract of the notes of one of Dr. Murrell's cases.

R. N., aged 43, a commercial traveller, stated that he had been subject to cough every winter for twelve years. His work was against him, and he was a good deal exposed to wet and cold and the inclemency of the weather. His cough used to trouble him badly only in the winter, but year by year it seemed to be coming on earlier, and now he was hardly ever free from it. It came on in fits, which shook him to pieces, and it was always very bad the first thing in the morning, often making him retch and vomit. There was a great deal of phlegm, thick and yellow, when he was in the country, but speckled all over with black in London. It was difficult to get it up, unless he could get some hot tea or something to loosen it. The shortness of the breath was worse than all, for it prevented him from going about, and interfered with his business. He had never spat any blood worth speaking of, but there were

at times streaks after a severe bout of coughing. He became no thinner, generally losing a little in the winter, and picking up again in the summer. He had had a great deal of treatment, and mixtures, lozenges, and liniments without end. On examining the chest, it was found to be emphysematous, and there was a loud bubbling rhonchus at the base of each lung. On November 1st he was ordered ten drops of pure terebene on a piece of sugar every four hours. In three days he returned, and said there had been a marked improvement; the cough was easier, the phlegm was lighter in color and not so thick, and the breathing was decidedly better. The dose was increased to twenty minims every four hours, and a week later the patient wrote to say that he was better than he had been for years, and was almost able to do without the medicine. Dr. Murrell saw nothing of him again until January 6th, when, being in town, he came to see him. There had been some return of the old symptoms, and he was anxious for further treatment. Dr. Murrell ordered him a small Maw's spray-diffuser, holding about an ounce, and instructed him to use it, with the terebene, as an inhalation, several times a day. A fortnight later he wrote, saying that he had bought a larger apparatus, and that his complaint was more amenable to treatment than it had ever been before. The terebene spray eased the cough, brought up the phlegm, and, above all, relieved the shortness of breath. On his long railway-journeys, when he was unable to use the spray without inconveniencing his fellow-passengers, he rubbed the terebene on his moustache and beard, so that it might slowly diffuse, and, as he said, "softened the atmosphere."

One of the great advantages of pure terebene is that it is not a bulky medicine. An ounce bottle, carried in the pocket, will last for days, and is always ready for use. It is best to begin with five or six drops on sugar every four hours, and gradually to increase the dose to twenty minims. This is, for most people, the maximum quantity, but the drug has little or no toxic action, and one patient was so enraptured with his remedy that he insisted on taking a teaspoonful every four hours for a week. The only disadvantage Dr. Murrell has ever noticed from its employment is that it gives a peculiar and characteristic odor to the urine, a circumstance which patients never fail to mention. When used as a spray, from one to two ounces should be diffused and inhaled every week. In some instances he has tried giving it mixed with an equal quantity of olive oil, flavored with oil of peppermint. In twenty-five cases he has given the terebene in the form of an emulsion, made by mixing it with a little tragacanth powder, adding water and shaking well. Each ounce of the emulsion contained a

drachm of the terebene, and it was usually given in half ounce doses, four times a day. The results were excellent, but not better than with the simple terebene itself, and he saw no reason for continuing the use of a more expensive preparation. In every case of winter cough in which the terebene-spray was used systematically there was a marked improvement. In many instances it was noted almost immediately, but in other cases, especially the very chronic ones, the patient had to continue using his remedy for some weeks. Even when there was marked emphysema, with little movement of the chest-walls some benefit was experienced. He treated eighteen cases of phthisis by the same method, and the results were certainly most encouraging. It did most good when there was old consolidation, when no active mischief was in progress, and especially when there was no elevation of temperature. He has also used it as a dry antiseptic inhalation on the cotton-wool of a respirator in phthisis, and has been much pleased with the results. In one case, that of a young lady, the respirator was worn almost continuously night and day for nine months; and the right lung, which was breaking down, cleared up, the temperature becoming normal, and the cough and other symptoms subsiding. Dr. Murrell thinks that terebene may be useful in checking hemorrhage from the lungs, but has no data to offer.

Many sufferers from winter cough also complain of acidity and flatulence. He soon found that the internal administration of pure terebene was an excellent remedy for this combination of symptoms. It checks the formation of flatus so quickly, and is so efficacious in expelling any that may remain in the stomach or intestines, that he constantly employs it in cases of dyspepsia when flatulence is a prominent symptom. Patients like it, and often continue taking it for months or years. It acts as an antiseptic, probably in much the same way as glycerine, oil of cajeput, and oil of eucalyptus. He evinces surprise that it has not come more largely into use in the treatment of flatulence.

Pure terebene is of such value in winter cough that he rarely resorts to other remedies. This year, however, he has tried a combination consisting of equal parts of pure terebene, oil of cubeb, and oil of sandal wood, mixed with liquid vaseline. This he uses in an atomizing apparatus invented by Mr. W. F. Semple, of Ohio, an apparatus which is somewhat complex and difficult of description, but may be said to consist essentially of a jar in which the medicated fluid is finely atomized by a blast of air propelled by a rubber ball. A nose-tube is attached, and the fine spray is inhaled either through the mouth or nostrils. It is certainly one of the best forms of spray-apparatus ever invented, and, when used

with a cocaine solution, will be found wonderfully efficacious in the treatment of hay-fever and coryza. The formula Dr. Murrell has given yields excellent results, not only in winter cough, but also in post-nasal catarrh. He has made some observations on this point, in conjunction with a well known tenor, and has been astonished to note what a marvellous difference there is in the tone of his singing-voice after using it for only a few minutes. It is a powerful expectorant, and, if inhaled the first thing in the morning, when the mucous membranes are covered with thick, viscid secretion, it will give very great relief. Pure terebene is a valuable remedy, and will in time come largely into use.

BOOK REVIEWS.

Organic Materia Medica and Therapeutics. By JAMES YOUNG SIMPSON, M.D. New York: J. H. Vail & Co., 1885.

This little book contains a complete synopsis of the habitat, appearance, preparations, physiological action and therapeutical uses of all of the important remedies in the organic materia medica. It has been compiled from the most approved sources, and contains much useful information.

Transactions of the Medical Society of the State of Pennsylvania at its Thirty-Sixth Annual Session held at Scranton, Pa., May 27, 28, 29, 1885. Published by the Society.

This interesting and valuable volume contains the President's Address, by Dr. Ezra P. Allen; The Address in Hygiene, by Dr. Joseph G. Richardson; The Address in Otology, by Dr. Charles S. Turnbull; The Address in Medicine, by Dr. E. T. Bruen; The Address in Surgery, by Dr. E. A. Wood, and a number of instructive papers which have been published in various medical journals.

The Treatment of Opium Addiction. By J. B. MATTISON, M.D., Brooklyn, N. Y. New York and London: G. P. Putnam's Sons.

Dr. Mattison, in the monograph before us, details the method of treatment which he has arrived at after much experience in this department of practice. His manner of treating the subject is excellent; and his ideas, on the whole, seem to be good. The Doctor strongly condemns Levinstein's severe method of treating opium addiction. We think, had we to choose a course of treatment for ourselves, we would, undoubtedly, select that of Dr. Mattison.

Essentials of the Physical Diagnosis of Thoracic Diseases. By E. DARWIN HUDSON, JR., A.M., M.D., Professor of General Medicine and Diseases of the Chest, in the New York Polyclinic, etc. Published by the author.

This little book was originally prepared for the use of the students in the class of General Medicine and Diseases of the Chest in the New York Polyclinic. It is deserving, however, of a much more extensive circulation. It contains a complete synopsis of the subjective and objective symptoms of the diseases of the thoracic cavity, together with an elaborate explanation of what to observe and what to avoid in making a diagnosis.

Practical Notes on the Treatment of Skin Diseases. Part I. Diseases of the Perspiratory and Sebaceous Glands. By GEORGE H. ROHE, M.D., Professor of Hygiene and Clinical Dermatology in the College of Physicians and Surgeons, Baltimore. Published by the author.

This valuable little work contains a concise but comprehensive description of the diagnosis, symptoms, pathology, etiology, prognosis, and treatment of hyperidrosis, bromidrosis, seborrhœa, comedo, acne, acne rosacea, sycosis, and the other disorders of the cutaneous glandular system. It can be obtained from the author for the very low price of twenty-five cents, and certainly deserves an extensive circulation.

Electricity in Medicine. By AMBROSE L. RANNEY, A.M., M.D., Professor of the Anatomy and Physiology of the Nervous System, in the New York Post-Graduate Medical School and Hospital, etc. New York: D. Appleton & Co., 1886.

The introductory chapter of this valuable monograph contains a number of practical suggestions relating to the selection and care of an electric battery for medical purposes, which, if heeded, will result in the saving of time as well as money. The succeeding chapters are devoted to a consideration of electro-diagnosis and electro-therapeutics, and contain an elaborate review of the value and methods of application of electricity as a therapeutic agent.

Puerperal Convalescence, and the Diseases of the Puerperal Period. By JOSEPH KUCHER, M.D. New York: J. H. Vail & Co., 1886.

This valuable work is the result of Dr. Kucher's observations during four years of service in the Vienna Lying-In Hospital, and several subsequent years of private practice. It contains chapters on Antiseptics, Normal Childbed, Lactation, Sore Nipples, Mastitis, Post-partum Hemorrhage, Thrombus of the Vulva and Vagina, Laceration of the Perineum, Cervix, etc., Inversion of the Uterus, Albuminuria, Eclampsia, Phlegmasia Alba Dolens, Relaxation of the Symphysis Pubis, Tetanus and Tetany, Puerperal Mania, Embolism and Apoplexy, Entrance of Air into the Circulation, Puerperal Fever, and Mortality of Puerperal Women.

How We Treat Wounds To-Day? A treatise on the subject of antiseptic surgery which can be understood by beginners. By ROBERT T. MORRIS, M.D., Late House Surgeon to Bellevue Hospital, etc., etc. New York and London: G. P. Putnam's Sons, 1886.

The author of this bombastic book is fully imbued with his own importance, and the importance of dressing wounds according to his method or the method of his friends. He announces "that the time has come when it is best for the general practitioner to have as little as possible to do with surgery." In our opinion the time has come when the general practitioner should have as little as possible to do with all such egotistical specialists or would-be specialists.

Epitome of Diseases of the Skin. Being an Abstract of a Course of Lectures Delivered in the University of Pennsylvania, during the Session of 1883 and 1884, by LOUIS A. DUHRING, M. D. Reported by HENRY WILE, M. D. Philadelphia: J. B. Lippincott Company.

The nature of this little book is stated in the title. It is convenient for reference when one has not the time to devote to a perusal of a regular treatise on dermatology. The lectures, on which this book is based, were delivered by Prof. Duhring, and reported in abstract by Dr. Henry Wile for the Medical News. After having been revised they are published in the present shape. It is intended in no degree to take the place of the more complete works on diseases of the skin. For conciseness and simplicity, it well merits commendation.

Lectures on Syphilis. Delivered at the Chicago College of Physicians and Surgeons. By G. FRANK LYDSTON, M.D., Lecturer on the Surgical Diseases of the Genito-Urinary Organs and on Venereal Diseases in the College of Physicians and Surgeons, Chicago, Ills. Chicago: A. M. Wood & Co., 1886.

The lectures contained in this volume were originally published in the Western Medical Reporter, but attracted so much attention that they have been slightly revised and issued in book form. They contain a vivid description of the course and complications of syphilis, together with a *résumé* of the most approved theories relative to the pathology of the disease, and a valuable chapter upon the remedies which are most effectual in checking its ravages.

NEW PUBLICATIONS RECEIVED.

Surgical Treatment of Infants. Reprint from Medical and Surgical Reporter.

Constitution and By-Laws of the New Mexico Medical Society.

Address in Otology, by Charles S. Turnbull, M.D. Extracted from Transactions of Pennsylvania State Medical Society.

Giant Growth of the Extremities, by Charles Graefe, M.D. Reprint from The Medical Press of Western New York.

Joint Diseases; Treatment by Rest and Fixation, by De F. Willard, M.D., Philadelphia. Reprint from the New York Medical Journal.

Marion County, Florida: An Ideal Winter Climate, by George T. Maxwell, M.D., Osceola, Fla. Reprint from the Medical News.

A New Electric Light for the Diagnosis and Treatment of Diseases of the Nose and Throat, by Dr. William Chapman Jarvis, New York.

Mutual Protection against Blackmail, by E. J. Doering, M.D., Chicago, Ill. Reprint from Journal of the American Medical Association.

Progress of Electrolysis in Surgery, by Robert Newman, M.D., New York. Reprint from Gaillard's Medical Journal.

An Experimental and Clinical Study of Air Embolism, by N. Senn, M.D., Chicago, Ills. Extracted from Transactions of American Surgical Associations.

The Study of Medicine as a Means of Education, an address delivered before the American Academy of Medicine, by R. Lowry Sibbett, A.M., M.D., Carlisle, Pa.

Mineral Waters, by A. C. Peale. Abstract from Official Statistics of the Mineral Resources of the United States. Published by the Department of the Interior, Washington, D C.

Report on Alcohol. Its Action and Effects in Health and Disease, by A. B. Palmer, M.D., LL.D., Ann Arbor, Mich. Reprint from Transactions of Michigan State Medical Society.

Diphtheria and Its Management. Are Membranous Croup and Diphtheria Distinct Diseases? by Joseph E. Winters, M.D., New York. Reprint from the Medical Record.

Does a Chronic Discharge from the Ear Make Life Insurance Hazardous? by Charles S. Turnbull, M.D., Philadelphia. Extract from Transactions of Medical Society of Pennsylvania.

Transactions of The American Dermatological Association at the Ninth Annual Meeting held at Greenwich, Conn., on August 26-28, 1885. Compiled by the Secretary, W. T. Alexander, A.M., M.D., New York.

Necrosis of the Frontal Bone following Inflammation of the Frontal Sinus, by S. T. Armstrong, M.D., Ph.D., Passed Assistant Surgeon United States Marine Hospital Service. Reprint from New York Medical Journal.

COMMERCIAL NEWS.

NATURAL MINERAL WATERS IN DIABETES.

On page 72 of this issue of THE MEDICAL BULLETIN Professor Roberts Bartholow, M.D., LL.D., says: "I have seen very great good result from the use of Bethesda water. The Vichy water of Saratoga is very like the French Vichy, not quite identical, yet very useful in this disease (diabetes); so that we have just as good springs in this country as they have in Europe, and we need not send our patients on long and expensive journeys for that which they can procure at home."

Not only the waters of Waukesha and Saratoga, but any of the leading *natural* waters, can be obtained in their purity from Shafer's Mineral Water Depots in Philadelphia, Baltimore, or Washington. This firm devote themselves exclusively to the handling of Spring Waters. They extend to the members of the medical profession, wherever located, a most cordial invitation to visit either of their depots to satisfy curiosity or when in search of information relative to mineral water or springs.

Those seeking information about mineral springs need have no hesitancy in calling on these gentlemen for it, resting assured that they take pleasure in giving as full and correct information as they possess.

Physicians desiring to know whether they handle genuine waters, can always ascertain, by addressing a postal card to the respective springs whose waters they claim to handle. (See their advertisement on page 20.)

79 WASHINGTON PLACE,
NEW YORK, January 26, 1886.

THE SMITH & SHAW ELECTRIC CO.

I have used your Closed Cell Pocket Battery daily in my practice and am highly pleased with it. I find it so portable that I can carry it about in my coat pocket when making my professional visits, without any inconvenience. My patients say that the current from your battery is more agreeable than that of my large battery of a different make, it being more smooth and uniform. In my hands it has given entire satisfaction and met all the requirements. Very sincerely yours,

W. H. RICHARDSON, M.D.

SPECIFICS.

Specific medication sounds well to the ear. It is a positive assertion in itself, and is the desire of every physician, a grand desideratum to the patient. But what specifics have we in medicine and for what diseases? Have we any specific for smallpox, yellow fever, cholera, scarlatina, asthma, croup, Bright's disease, or diabetes? None whatever. Yet we have practitioners who prate glibly about specific medication, as though they held in their feeble hands the keys to health and life. We have a few remedies that exert a strong specific influence over certain morbid conditions, and they are but few, but some of them are worthy of special reference. Quinine exerts a powerful control over intermittent fever; baptista tinctoria over low typhoid conditions; lobelia inflata is our great remedy in pneumonia, asthma, and croup; discorea villosa stands at the head of remedies in bilious colic; gelseminum and veratrum viride as sedatives stand justly at the head in general fevers, both of them being far superior to aconite, as they do not depress the vital forces to the same degree. In dysmenorrhœa, menorrhagia, and all spasmodic affections, viburnum compound, of Dr. Hayden, has a high specific action, but none of the above valuable remedies are specifics. The two remedies which approach the nearest to specifics in the true sense of the word, are the homely onion and potato in scurvy, for if used freely and in season they will cure the patient. In some forms of dyspepsia and in the most dangerous cases of obstinate constipation, a small piece of *rich* old cheese, will save the patient after quicksilver, ol. tiglli, and all other potent drugs have failed.

39 WEST FORTY-SECOND ST.,
NEW YORK, January 25, 1886.

THE SMITH & SHAW ELECTRIC CO.

Dear Sirs:—It always gives me pleasure to commend a really meritorious article. Such is your Closed Cell Pocket Battery, and I believe you are fully entitled to all you claim for it. It is *multum in parvo*, and decidedly the best Pocket Battery in use.

Very truly yours,

F. G. WELCH, M.D.